PREMIER'S COMMISSION ON FUTURE HEALTH CARE FOR ALBERTANS

JUNE 1988

INTERIM REPORT

CARING AND COMMITMENT

CONCERNS OF NURSES

IN THE

HOSPITAL AND NURSING HOME

SYSTEM

REPORT TO
THE PREMIER

PREMIER'S COMMISSION ON FUTURE HEALTH CARE FOR ALBERTANS

CARING AND COMMITMENT

Interim Report on the Concerns of Nurses Regarding Their Role in the Hospital and Nursing Home System

THE TASK

On February 16, 1988, Premier Getty asked the Commission to ascertain facts and make recommendations as to the concerns of nurses regarding their role in the Alberta hospital and nursing home system.

INFORMATION FROM THREE SOURCES

To meet this objective, the Commission conducted public discussion meetings in Edmonton and Calgary with 14 province-wide associations representing nurses and other related groups in the health system. As well, we carefully considered 465 letters and written submissions from hospitals, unions for nurses, nursing professional associations, nursing administrators, staff nurses, nursing educators, other health professions and occupations and the general public. In addition, the Commission reviewed relevant studies, papers and literature mainly from Canada, the United States and the United Kingdom.

PROCESS

This report is not simply a restatement or digest of the information which we received. The Commissioners spent many hours discussing, weighing and assessing the information, and applying their own collective thoughts.

The Terms of Reference of the Commission in this Interim Report are confined to a review of the concerns of those nurses in the hospital and nursing home system only. In the months ahead, we want to hear from those many nurses and others who work outside the hospital and nursing home system and contribute to the health of Albertans.

A COMPLEX, INTERRELATED SYSTEM

Because the Alberta health care system is complex, with each part related to all other parts, it has been difficult for us to provide recommendations on only one aspect of the health care system — the role of nurses in hospitals and nursing homes. For this reason, the Final Report of the Commission may modify some of the comments and recommendations set forth in this Interim Report.

OTHER HEALTH PROFESSIONALS AND PROVIDERS

The Interim Report deals with registered nurses in hospitals and nursing homes. We are aware that others who work in the health system, including nurses who work outside these institutions, also have goals, concerns and frustrations. We expect to report on the concerns of hospital trustees and administrators, physicians, registered nursing assistants, personal care aides, and other health professionals and technicians in our Final Report.

NOT A RENEGOTIATION

This Interim Report is not intended to replace negotiated agreements.

465 BRIEFS AND LETTERS

We wish to thank the many nurses, individuals, organizations, associations and informal groups that provided information and who met the very short timelines for responses.

We acknowledge their articulate presentations and their candid answers to the questions asked by the Commissioners during the discussion meetings. In particular, we are grateful to the 465 individual nurses, citizens and groups of nurses who sent us thoughtful and sincere recommendations.

Lou Hyndman
Chief Commissioner

Joy Calkin
Commissioner

Father Pat O'Byrne
Commissioner

Ruth Collins-Nakai
Commissioner

Carol Snedden
Commissioner

Gene Murrant
Commissioner

Bill Sturgeon
Commissioner

Alex McPherson
Deputy Commissioner

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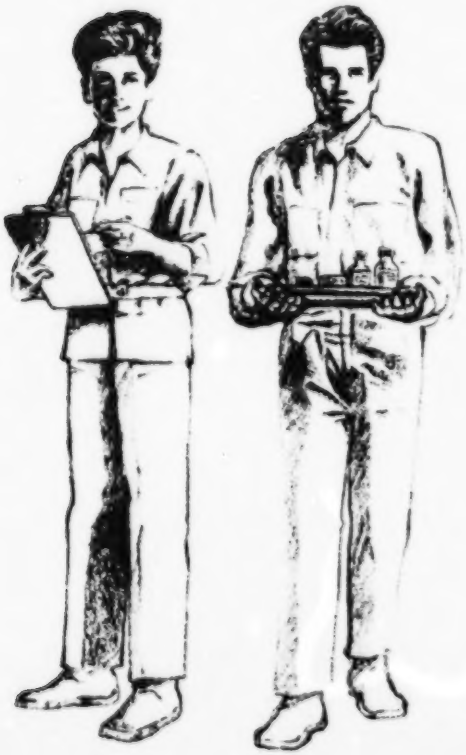


INTRODUCTION AND BACKGROUND

CARING AND COMMITMENT

"There is no historic inevitability about nursing's future, no internal dynamic driving it towards one destination rather than another. The goals of improved pay, conditions, professional status, career structure — 'recognition', however it is defined — are shared by nurses everywhere, but experience from here and elsewhere shows that just waiting patiently will not bring them any closer."

— British Medical Journal, 296, 1988

"The answer would seem to be something with a lower starting rate, a wider scale and a scale that in addition to recognizing experience, also recognizes certification courses, bachelors and masters degrees."

— Hospital Administrator

The major concerns of nurses in Alberta, as expressed to the Commission, are not new. Most have been identified by nurses in other provinces, the United States, and the United Kingdom. In fact, most have been previously identified in Alberta in more than a dozen studies and reports.

The concerns of nurses appear to be symptomatic of a larger issue — nurses feel they have little influence on the major decisions which affect their daily activities. Nor are these concerns unique to nurses. They exist throughout the health care system...and are common within many complex organizations where cooperation between organized employees and management is required.

We set the stage for this Interim Report by emphasizing the following:

- Throughout the past decade, nurses have repeatedly expressed similar concerns about their role;
- At least 15 studies and reports regarding nursing in Alberta have been produced since 1977;
- They have held three legal strikes (1977, 1980, and 1982) and one illegal strike (1988);
- Rates of pay for nurses in Alberta have changed substantially since 1976;
- Improvements in wages and benefits are the result of the efforts of organized labour representing nurses; and
- In spite of improvements in wages and benefits, nurses in Alberta are not satisfied with their role.

"There exists within nursing certain 'acts of redundancy' or 'rituals of nursing' that are in effect time-consuming elements that are not intellectually valued, nor are they often relevant to the actual function of the nursing."

— RN

"There must be created within the administrative channels of each hospital, safe open corridors of communication to the board so that the staff nurse has the ability to be heard, acknowledged and recognized as a vital player in the health setting."

— RN

Nurses face a series of internal struggles: professional associations versus unions...staff nurses versus nursing managers...nursing managers versus administration...nurses with degrees versus nurses with diplomas...RNs versus RNAs and RNs versus RPNs.

Some nurses desire recognition of professional autonomy...that appropriate mix of authority, responsibility and accountability; others desire improved wages, benefits and working conditions...even at the risk of sacrificing professional autonomy; most want both. But, if both are not attainable simultaneously, then the internal struggles as to which is paramount will continue and accelerate. They may eventually contribute to a further fragmentation of the very associations which were created to serve the aspirations of nurses.

Communication, management, and trust were the common themes found throughout our discussions. The quality of communications at all levels within the system is identified as a major problem. This — along with the perception by nurses that management is a highly bureaucratic, vertical and inflexible structure — contributes to a need for different management approaches. This problem occurs more frequently in hospitals than in nursing homes.

Few in the hospital system, at least collectively, seem to trust anyone.

Number of Institutionally-Based Practicing Registered Nurses (Hospitals, Nursing Homes, etc.)	15,838
Number of Community-Based Practicing Registered Nurses (e.g., Public Health, Home Care, etc.)	4,504
Total Number of Practicing Registered Nurses	**20,347**
Total Number of Registered Nurses (RNs)	**21,975**
Total Number of Registered Psychiatric Nurses (RPNs)	**1,048**
Total Number of Registered Nursing Assistants (RNAs)	**7,414**

Source: Alberta Health and Social Services Disciplines Committee and the Alberta Association of Registered Nurses

Highlights

- 7.4 per cent of all registered nurses in the province did not practice nursing in 1987.
- 78 per cent of all practising registered nurses in Alberta work in institutions.

[redacted]

	1977	1980	1982	(May)1988
Hospital Boards and Local Bargaining Units	79	86	92	106
Nurses represented by unions	6,000	6,600	8,955	11,400
Hospitals with nurses on strike	7	81	60	98
Length of strike in days	6	10	23	19
Nurses on strike	2,500	6,400	6,000	11,000
*Total Number of Nurses Registered in Alberta	12,565	15,665	17,767	21,746

Adapted from: Hibberd, J. 1988

* Alberta Health and Social Services Disciplines Committee.

[redacted]

	1976	1977	1980	1982	1984	1988
Base hourly rate	$5.77	$6.28	$8.63	$12.10	$13.20	$14.82
Base annual salary	$11,664	$12,708	$17,460	$24,492	$26,700	$29,977
Average Annual % Pay Increase (A)		8.8%	12.5%	20.1%	4.5%	3.1%
Average Annual CPI % Increase (B)		7.5%	8.7%	11.4%	8.3%	4.1%
% Difference = A-B		+1.3%	+3.8%	+8.7%	−3.8%	−1.0%

Source: United Nurses of Alberta and Statistics Canada.

Highlights

- Between 1976 and 1988 the base hourly pay for registered nurses increased 157 per cent, while the Consumer Price Index increased 127 per cent during that same time period.
- The average annual percentage pay increases under the 1977, 1980, and 1982 collective bargaining agreements exceeded the average annual percentage increases in the Consumer Price Index.
- The average annual percentage pay increases under the 1984 and 1988 collective bargaining agreements were below the average annual percentage increases in the Consumer Price Index.

TERMS OF REFERENCE

The Commission's recommendations to the Premier are organized according to the Terms of Reference of the Commission of February 16, 1988 which were as follows:

"To ascertain facts and make recommendations regarding:

A

"The major concerns of nurses regarding their opportunity to advance academically and through increased experience in subspecialized areas of nursing care, and to have this increased expertise recognized by hospital boards;

B

"The degree of physical danger to which nurses may, from time to time, be exposed through their work activity; and

C

"The major concerns of nurses regarding their working conditions and rules governing their employment."

LIST OF RECOMMENDATIONS

TERM OF REFERENCE A

"To ascertain facts and make recommendations regarding:

"The major concerns of nurses regarding their opportunity to advance academically and through increased experience in subspecialized areas of nursing care and to have this increased expertise recognized by hospital boards."

RECOMMENDATION A.1

THAT the Department of Advanced Education provide increased funding to the Universities of Alberta, Calgary and Lethbridge to enable them to increase enrollment quotas in their basic and post-basic degree programs.

RECOMMENDATION A.2

THAT, within two years, a faculty of nursing initiate and evaluate a nurse internship pilot project, whereby new graduates are paid a salary while enhancing their clinical skills. This should include a mixture of rural and urban experience.

RECOMMENDATION A.3

THAT the Alberta Association of Registered Nurses actively support the implementation of the Canadian Nurses Association certification program for the various clinical specialties in nursing.

RECOMMENDATION A.4

THAT the Department of Advanced Education, through such bodies as the Alberta Council on Admissions and Transfer, collaborate with the appropriate educational institutions and professional associations to establish a mechanism for consistent crediting of appropriate courses and experience for transfer from one type of nursing program to the next. As currently established and as developed in the future, these opportunities should be publicized to the various nursing groups through their respective associations, the institutions which employ them, the Department of Advanced Education, and the appropriate post-secondary educational institutions.

RECOMMENDATION A.5

THAT funding of continuing nursing education programs be increased by the year 1990. Responsibility for funding continuing education programs must rest jointly with individual nurses, employers, post-secondary educational institutions, professional bodies, collective bargaining associations, and the appropriate departments of government, with the Minister of Advanced Education taking the lead role. If, by 1993, nurses have failed to avail themselves of these continuing education programs, support should be withdrawn and programs cancelled.

RECOMMENDATION A.6

THAT the Alberta Association of Registered Nurses institute a policy of mandatory continuing education for nurses to update their knowledge and skills in order to retain their active registration status.

RECOMMENDATION A.7

THAT individual nurses who are evaluated by their supervisors as having provided superior performance or demonstrated outstanding expertise be rewarded accordingly.

TERM OF REFERENCE B

"To ascertain the facts and make recommendations regarding:

"The degree of physical danger to which nurses may, from time to time, be exposed through their work activity."

RECOMMENDATION B.1

THAT all hospitals and nursing homes be required to review working environments to ensure that they are safe and secure, and that procedures are in place to deal with hazardous or crisis situations; and that the procedures, and appropriate training, be provided to staff.

TERM OF REFERENCE C

"To ascertain the facts and make recommendations regarding:

"The major concerns of nurses regarding their working conditions and rules governing their employment."

RECOMMENDATION C.1

THAT the Department of Hospitals and Medical Care evaluate the current nursing staff guidelines used by the Department. Once established, those guidelines should be provided to hospitals and nursing homes for their information.

RECOMMENDATION C.2

THAT hospital management use patient classification systems and admission monitoring systems as guidelines only, and in conjunction with professional judgement, to assign staff and patients.

RECOMMENDATION C.3

THAT hospital and nursing home managers and collective bargaining associations introduce ways to increase the flexibility of work schedules.

RECOMMENDATION C.4

THAT the Alberta Hospital Association create Regional Councils comprised of representatives from hospital boards and professional associations to clarify "grey" areas of authority, accountability, and responsibility among nurses, physicians and other health care providers.

RECOMMENDATION C.5

THAT the government encourage pilot projects involving private nursing companies which would contract their services to an entire hospital or nursing home, or particular units within a hospital or nursing home.

RECOMMENDATION C.6

THAT representatives of health care providers appoint, with government, on a five-year trial basis, a health Ombudsman/Advocate to document and investigate complaints from nurses and other health care providers.

DETAILS OF THE RECOMMENDATIONS

TERM OF REFERENCE A

"To ascertain facts and make recommendations in respect of:

"The major concerns of nurses regarding their opportunity to advance academically and through increased experience in subspecialized areas of nursing care, and to have this increased expertise recognized by hospital boards."

We have divided this term of reference into two issues: firstly, the issue of advancing academically and through increased experience, which we call "Education: Bridges and Gates"; and secondly, the issue of recognizing increased expertise, which we call "Rewarding Excellence".

EDUCATION: BRIDGES AND GATES

This issue deals with the belief that nurses do not have suitable access to advancement through formal education, nor is there recognition of increased expertise through work experience.

RECOMMENDATION A.1

THAT the Department of Advanced Education provide increased funding to the Universities of Alberta, Calgary and Lethbridge to enable them to increase enrollment quotas in the basic and post-basic degree programs.

BACKGROUND

The concept of "EP2000" — Entry Point 2000 — recommended by the CNA, requires a university degree as the minimum educational standard for entering nursing practice by the year 2000.

Nurses already in the system as of the year 2000 who do not hold degrees will not lose their jobs or status. This fact should be regularly stated by those advocating EP2000 to avoid confusion and alleviate concerns among nurses without degrees.

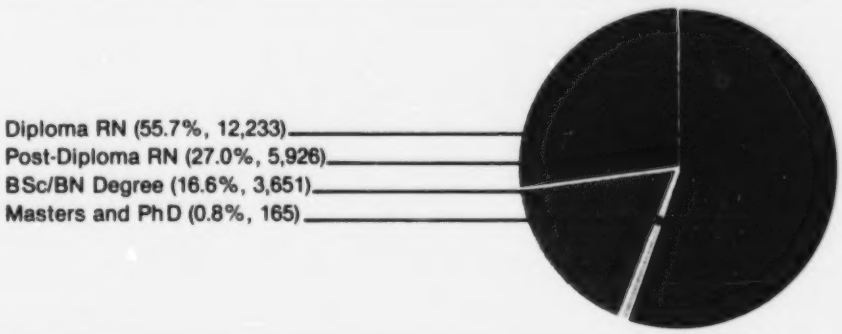
EP2000 is being promoted as the ideal for a new generation of nurses, and reflects only one solution to the goal of increasing the education and skill levels of nurses. Many nurses would prefer to pursue the specialty route by experience, continuing education and post-basic specialty programs rather than through a degree program.

The official position of the AARN, as it relates to EP2000, is that nurses require the general background provided by a degree. However, the United Nurses of Alberta (UNA), other informal groups of nurses, and professional associations including the College of Physicians and Surgeons of Alberta (CPS) feel that bedside nursing can be done satisfactorily without a degree. Also the Alberta government is not supportive of this minimum requirement of a degree.

Despite this fairly widespread opposition to EP2000, nurses have reported that those currently holding degrees are already receiving preference in terms of placement and advancement.

"I disagree with the position the AARN has taken with regards to a university education. There is no need for a degree at the staff nurse level. Bedside nursing will not benefit. Nursing, however, is moving into the area of specialization. We now need to be certified in many procedures and treatment. Critical care nurses — those working in ICU, ICN, and emergency, should receive recognition for their expertise. Experience counts, and experience should be recognized."

— RN



Source: Statistics Canada, 1988

Highlights

- 82.7 per cent of Registered Nurses in Alberta do not have a university degree.
- 17.3 per cent of RNs have undergraduate or graduate degrees. This compares favourably with other provinces (see Appendix III).

RECOMMENDATION A.2

THAT, within two years, a faculty of nursing initiate and evaluate a nurse internship pilot project, whereby new graduates are paid a salary while enhancing their clinical skills. This should include a mixture of rural and urban experience.

"I find the difference between the old 3 year graduates and the new 2 year graduates [diploma RN] is astounding. The old 3 year grad could take 1 week of orientation and they could make a decision on their own and they could handle most situations appropriately. The new 2 year grad needs 6 weeks of orientation and 3 months of work before taking charge and then they are constantly dependent on other RNs to make decisions. It is a complete disaster when it is all new 2 year grads on at one time."

– RNA

"I think that there should be a university-based, basic 2-3 year nursing program, a year of internship and then a year of specialization."

– RPN

BACKGROUND

There is a perception that some nurses graduate with good theoretical knowledge, but have spent insufficient time developing their clinical skills in practice settings.

RECOMMENDATION A.3

THAT the Alberta Association of Registered Nurses actively support the implementation of the Canadian Nurses Association certification process for the various clinical specialties in nursing.

"Nurses at present have limited monetary recognition for experience and/or clinical courses. For example, a senior nurse who has 15 years of experience makes about the same amount of money as a nurse who has worked for six years. One suggestion for addressing this concern would be instituting a 'clinical laddering' system. Clinical laddering is a method of compensating the individual nurse based on her clinical knowledge and expertise."

– RN

BACKGROUND

Nursing is undergoing a transformation. A decision must be made as to how to provide the knowledge required to meet changing demands. There are implications for basic education, continuing education and formal training of specialties. Recognition of enhanced education must be provided by professional associations, employers and collective bargaining associations.

Nurses need a means to develop specialties and to have this expertise recognized. Among the ways of recognizing specialty practice is the use of formal certification programs. The Canadian Nurses Association has developed a certification process, with a number of specialty organizations, which provides for national certification upon completion of requirements. Nursing specialty groups need encouragement and support to develop this joint process in Alberta.

RECOMMENDATION 4.4

THAT the Department of Advanced Education, through such bodies as the Alberta Council on Admissions and Transfer, collaborate with the appropriate educational institutions and professional associations to establish a mechanism for consistent crediting of appropriate courses and experience for transfer from one type of nursing program to the next. As currently established and as developed in the future, these opportunities should be publicized to the various nursing groups through their respective associations, the institutions which employ them, the Department of Advanced Education, and the appropriate post-secondary educational institutions.

"Nursing care is a precise fit between needs of the care receiver and the intervention of the care-giver. To date that knowledge base is sparse and fragmented. Doctoral programs in nursing are needed to foster nursing knowledge, visionary leaders and analytical thinkers in the practice discipline of nursing."

— RN

BACKGROUND

Nursing comprises a spectrum of functions which encompass more than just the role of the registered nurse. The nursing functions provided by registered psychiatric nurses (RPNs), registered nursing assistants (RNAs), and personal care aides (PCAs) are complementary to the registered nurse, and need to be recognized as such. Individuals wishing to move from one category of nursing to another should be able to do so, knowing that a portion of their past training and experience will be taken into account in their new endeavours. A concerted effort to inform the various nursing groups of the opportunities for such advancement, and the availability of financial assistance, must be made by those involved in negotiating and delivering the programs.

	Enrollment Quotas	Applicants	Graduates
College Diploma RN	+ 13% (51)	+ 53% (626)	+ 38% (88)
Hospital Diploma RN	+ 4% (22)	+ 38% (519)	+ 43% (124)
Post-Diploma BSc/BN	+ 4% (10)	+ 51% (138)	+ 14% (26)
BSc/BN	+ 14% (20)	+ 17% (89)	+ 51% (47)
Masters	+ 225% (18)	+ 65% (30)	+ 80% (8)

Source: Alberta Advanced Education

"RNs complete a two year diploma and that provides the entrance requirement for the BScN program; RPNs complete a two year diploma but have to take an additional 10 months to reach the RN stage before they can enter."

— RPN Administrator

Highlights:

- In the four year period from the 1982-83 academic year, the percentage of enrollment quotas, applicants and graduates from nursing programs has risen.
- The Alberta Health and Social Services Disciplines Committee is currently conducting the Alberta Nursing Manpower Projections Project. The committee is compiling a study of the supply, demand and surplus/shortage situations for registered nurses in Alberta from 1988 to 1997. A final report on the Alberta Nursing Manpower Projections Project will be publicly released in 1988.

RECOMMENDATION A.5

THAT funding of continuing nursing education programs be increased by the year 1990. Responsibility for funding continuing education programs must rest jointly with individual nurses, employers, post-secondary educational institutions, professional bodies, collective bargaining associations, and the appropriate departments of government, with the Minister of Advanced Education taking the lead role. If, by 1993, nurses have failed to avail themselves of these continuing education programs, support should be withdrawn and programs cancelled.

BACKGROUND

"[We recommend increased] funding for post-RN degree programs...for distance learning to enable rural nurses to complete a post-RN degree program without leaving their rural area."

— Nursing Group

Continuing education programs refer to all learning activities that registered nurses undertake after the completion of their basic nursing education programs. These learning or educational activities include the following types of programs:

- orientation, in-service education, and staff development programs offered by employers of registered nurses;
- programs offered by the provincial and national hospital associations such as the Alberta Hospital Association and the Canadian Hospital Association, or by other associations of employers such as the Alberta Health Unit Association and the Alberta Long Term Care Association;
- continuing education programs offered by the AARN;
- programs offered by post-secondary educational institutions in the province;
- self-directed learning activities of individual nurses; and
- in-service presentations by private sector suppliers of products and services.

Priority should be given to funding the use of distance learning — teleconference networks, satellite linkages and correspondence courses, through such agencies as Athabasca University, ACCESS and the AHA — to provide rural nurses, in particular, with opportunities for continuing education.

If, by 1993, nurses have failed to avail themselves of these continuing education programs, support should be withdrawn and programs cancelled.

RECOMMENDATION A.6

THAT the Alberta Association of Registered Nurses institute a policy of mandatory continuing education for nurses to update their knowledge and skills in order to retain their active registration status.

BACKGROUND

Currently, the AARN requires registered nurses to work a minimum number of hours annually to maintain their active registration status. To cope with the changing technology and development of new knowledge, the Commission believes that, in addition to the minimum hourly practice requirements, nurses need to continually update their knowledge and skills in order to retain their registration.

REWARDING EXCELLENCE

This issue deals with rewarding performance and efforts to improve and update knowledge, and the question of whether nurses are evaluated and recognized for providing superior performance.

RECOMMENDATION A.7

THAT individual nurses who are evaluated by their supervisors as having provided superior performance or demonstrated outstanding experience be rewarded accordingly.

"Collective Agreements restrict recognition of individual expertise, experience, knowledge and skill (i.e., merit increases, clinical ladders)."

– Nursing Department

"This is an incredible joke! I doubt that there is a hospital board in Alberta that doesn't think all nurses are the same."

– RN

BACKGROUND

The salary system used to remunerate nurses in hospitals and nursing homes is, by and large, limited to rewarding years of experience. Few mechanisms are used by management to reward superior clinical expertise and/or work performance of individual nurses.

Rewards could include merit pay for exceeding job requirements, performance incentives such as paid educational opportunities, career advancement through clinical ladders, and/or other innovative approaches which recognize exceptional efforts.

TERM OF REFERENCE B

"To ascertain facts and recommendations regarding:

"The degree of physical danger to which nurses may, from time to time, be exposed through their work activity."

DANGER

This issue examines the belief of some nurses that their work environment is unduly dangerous because of exposure to diseases, chemical and physical hazards, and dangerous patients.

RECOMMENDATION B.1

THAT all hospitals and nursing homes be required to review working environments to ensure that they are safe and secure, and the procedures are in place to deal with hazardous or crisis situations; and that the procedures, and appropriate training, be provided to staff.

"Centre for Disease Control (CDC) [in the US] has developed guidelines and their recommendation is to treat all patients as potential carriers. The cost of following CDC recommendation is beyond the capabilities of hospital budgets. Is the Alberta government prepared to fund the additional costs?"

– RN

BACKGROUND

Despite the existence of occupational health and safety committees in all hospitals, some nurses perceive that there are inadequate procedures in place to protect them from exposure to radiation, toxic drugs, hazardous chemicals, or infectious substances from patients; or for training staff to deal with physical assaults by patients or intruders.

All staff have the right to know which patients have infectious diseases, such as AIDS, hepatitis or tuberculosis. Each institution should have a policy that describes, with precision, the management of all patients with regard to potentially infectious diseases.

"Anaesthetic gases are commonly inhaled by O.R. and Recovery Room nurses."

– Nursing Department

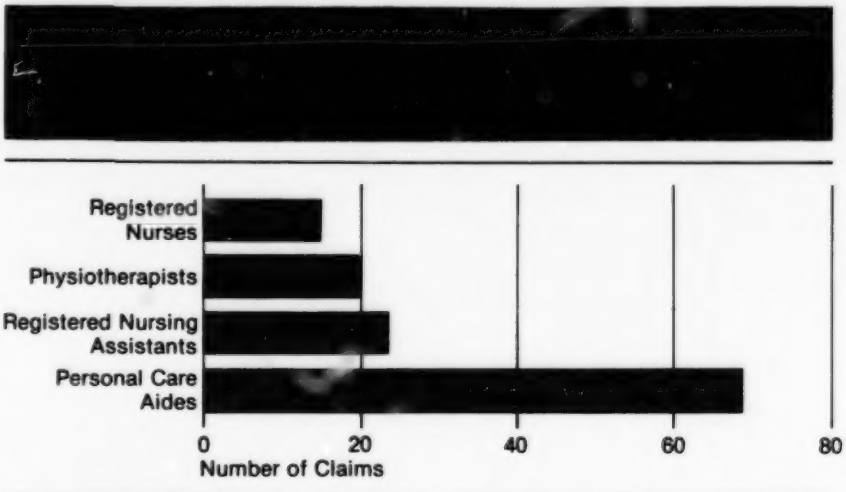
"Safety to me is not a major issue in most hospitals. In fact, if we look at the hospital in the industrial world of today it would seem to me that hospitals have one of the safest working environments that there is."

– Hospital Administrator

"Degree of physical danger is nominal and less than most industrial and/or secretarial positions."

– RN

With respect to physical hazards, while the Commission acknowledges that any injury to an individual is a concern, it notes that among four health care provider groups, back injury claims of RNs are the lowest. No statistics are available as to whether nurses make fewer claims.



Source: Alberta Health and Social Services Disciplines Committee and Workers' Compensation Board Reports

TERM OF REFERENCE C

"To ascertain facts and make recommendations regarding:

"The major concerns of nurses regarding their working conditions and rules governing their employment."

We have divided this term of reference into two issues: firstly, the issue of staffing arrangements, which we call "Staffing — Who Knows How Many?". A second issue is the problem of the imprecision of the nurses' role in the system, which we call "Just What Is My Job?".

STAFFING — WHO KNOWS HOW MANY?

This issue deals with the belief that the methods for developing staffing guidelines in hospitals are either inadequate or are used too rigidly.

RECOMMENDATION C.1

THAT the Department of Hospitals and Medical Care evaluate the current nursing staff guidelines used by the Department. Once established, those guidelines should be provided to hospitals and nursing homes for their information.

BACKGROUND

Currently, it would appear there are two different sets of staffing guidelines in use:

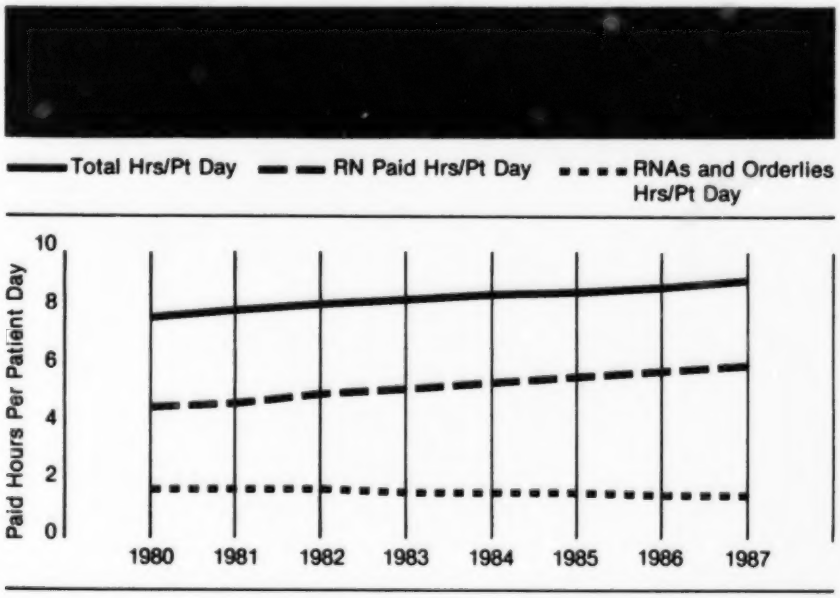
- staffing guidelines of the Department of Hospitals and Medical Care which help determine the annual global funding for individual hospitals; and

"The number of nursing staff required in a hospital in Alberta is being based on a formula which comes up with nursing hours/patient, which comes from someplace in the government so we are told."

— RN

- staffing guidelines of individual hospitals, developed in association with patient classification systems, which determine day-to-day staffing complements.

Not all hospitals have access to the department guidelines and data on a regular and consistent basis. The department must provide the same amount and type of information to all hospitals to assist them in their staffing plans.



Source: Alberta Hospitals and Medical Care

Highlights

- Nursing paid hours are the number of hours of nursing care paid to the hospital by the government for one patient for one day. The total daily rate includes the average number of hours of care provided by registered nurses (RNs), registered nursing assistants (RNAs) and orderlies.
- The total nursing paid hours per patient day increased by 1.37 hours (or 17.8 per cent) from 1980-1987.
- The RN paid hours per patient day increased by 1.59 hours (or 34.6 per cent) from 1980-1987.
- The RNA paid hours per patient day decreased by 0.30 hours (or 16.8 per cent) from 1980-1987).

RECOMMENDATION C.2

THAT hospital management use patient classification systems and admission monitoring systems as guidelines only, and in conjunction with professional judgement, to assign staff and patients.

BACKGROUND

"The patient classification or 'medicus' system is supposed to help determine the numbers of staff per numbers of patients on each unit. This doesn't happen; the numbers are juggled to suit the staff that are available for that day."

– RN

The Commission recognizes that hospital management must allocate staffing resources on a daily basis to ensure proper patient care. Patient classification systems appear to be employed in this process. Many staff nurses suggested to the Commission that patient classification systems, originally designed as guidelines, are being used by management as firm policy for allocating staff levels. At times, the system does not provide appropriate levels of staff to handle emergency situations. At other times too many staff may be allocated to a particular ward. Admission monitoring systems, which keep track of current bed vacancies and those expected the following day, can assist in a more even distribution of patients in order to reduce the uneven workload among wards (e.g., see Shukla, Appendix VI).

RECOMMENDATION C.3

THAT hospital and nursing home managers and collective bargaining associations introduce ways to increase the flexibility of work schedules.

BACKGROUND

"Work arrangement or job sharing is not allowed in many hospitals. Can not the hospitals accommodate these arrangements — in return for an eager, happy nurse!?"

– RN

"Treatment of staff as individuals is restricted by Collective Agreements, limited budgets and a bureaucratic environment."

– Nursing Department

Many nurses making presentations to the Commission felt that traditional work-scheduling in hospitals and nursing homes needs to be reviewed. Innovative staffing procedures which allow a broader range of alternatives to meet individual needs should be introduced as soon as possible. These alternatives could include limited permanent shifts, job-sharing, permanent weekend shifts, and the addition of 24-hour child care programs where the need exists.

	1983		1987		% Change 1983-1987	
	% of Practicing RNs	% of Hours Practiced	% of Practicing RNs	% of Hours Practiced	% of Change Practicing RNs	% Change Hours Practiced
Institutionally Based Full-Time RNs	55	71	52	65	−3	−6
Institutionally Based Part-Time RNs	36	27	41	33	+5	+6
Institutionally Based Casual RNs	9	2	7	2	−2	0
Total	**100**	**100**	**100**	**100**	**N/A**	**N/A**

Source: Alberta Association of Registered Nurses

Highlights

- 52 per cent of all RNs working in hospitals and nursing homes in Alberta in 1987 were practicing on a full-time basis which is 3 per cent lower than the 1983 percentage. (See Appendix III for more detailed information and definitions.)
- Full-time RNs accounted for 65 per cent of the total hours practiced by institutionally-based nurses in 1987 which is 8 per cent lower than the 1983 percentage.
- 41 per cent of all RNs working in hospitals and nursing homes in the province in 1987 were practicing on a part-time basis which is 5 per cent higher than the 1983 percentage.
- Part-time RNs accounted for 33 per cent of the total hours practiced by institutionally based nurses in 1987 which is 6 per cent higher than the 1983 percentage. Part-time RNs are members of collective bargaining associations.
- 7 per cent of all RNs working in hospitals and nursing homes in Alberta in 1987 were practicing on a casual basis which is 2 per cent lower than the 1983 percentage.
- Casual RNs accounted for 2 per cent of the total hours practiced by institutionally-based nurses in both 1987 and 1983. Casual nurses are not members of collective bargaining associations.

JUST WHAT IS MY JOB?

This issue deals with questions concerning "boundaries and turf" as they relate to nursing, as well as the general question of job design for nurses.

RECOMMENDATION C.4

THAT the Alberta Hospital Association create Regional Councils comprised of representatives from hospital boards and professional associations to clarify "grey" areas of authority, accountability, and responsibility among nurses, physicians and other health care providers.

"Every time a nurse is used to empty laundry, move furniture, pick up lab and pharmacy items, porter patients, pass meal trays or distribute laundry, we are wasting precious patient care minutes not to mention government monies."

— RN

"Clerical functions (i.e., physician's orders, computer entry, requisitions) are often performed by nurses, due to lack of clerical support on nursing units."

— Nursing Department

BACKGROUND

There is confusion as to who should be performing what bedside function. This confusion has resulted in each health provider group independently devising its own perception of what it should be doing. Even worse is the difficulty of working together as a cohesive unit since each group feels threatened by the other.

Hospital boards are under stress and face the difficult task of stretching limited resources to meet the increased demands of citizens and patients. Boards and their administrators have a communication system, but there still exists the perception of many nurses that "no one is listening". The nature of the communication problem may vary depending on the size of the hospital and its location in the province. It is the quality and extent of existing communication both up and down that many hospital boards need to improve. It would appear that the channels of communication at nursing homes are much more open, since little concern was voiced by that staff.

Hospital boards should advise nurses and other health care providers about specific goals and plans for the future. Nurses should be given the opportunity to ask questions and to provide input into the hospital planning and programming processes.

Furthermore, roles must be clearly articulated and health care providers must learn to use the overlaps of function to strengthen, not weaken, team concepts of health care.

RECOMMENDATION C.5

THAT the government encourage pilot projects involving private nursing companies which would contract their services to an entire hospital or nursing home, or particular units within a hospital or nursing home.

BACKGROUND

Some nurses and some hospitals or nursing homes might find that they would function more smoothly and efficiently if nurses were not employees. A private company, wholly owned by nurses, perhaps called "Nursing Services Inc.", could enter into a contract with a given institution for the purpose of providing defined nursing services, at specified costs, for specified periods of time.

RECOMMENDATION C.6

THAT representatives of health care providers appoint, with government, on a five-year trial basis, a health Ombudsman/Advocate to document and investigate complaints from nurses and other health care providers.

BACKGROUND

"The rules in the hospitals are made by people in administration positions who have absolutely no concept what it is like to deal with sick people all day long."

– RN

Fragmentation within the health care system has resulted in the formation of many "cracks" and frustrations. Because of this, it is sometimes unclear as to whom a provider of health care should take concerns. A health Ombudsman/Advocate could intervene on behalf of providers by investigating and documenting gaps in services and jurisdictions within government and institutions, as appropriate.

END OF RECOMMENDATIONS

OBSERVATIONS: FROM BRICKS TO BARGAINING

"Lastly, and most important, give priority to adequate funding to cover hospital operating costs so that the legitimate expectations of those who work there are met."

— Private Citizen

"The government funding of the health care system appears to be more than adequate. It is the distribution of these funds that we, as nurses and taxpayers, find inequitable."

— RNs

"I do not question that Alberta spends much on medicare but I question how that money is spent. We have beautiful modern hospitals in every part of this province and lack money to adequately staff them. So people are suffering and dying in luxury without a nurse at the bedside when they require it."

— RN

Our terms of reference for this Interim Report do not include the making of recommendations regarding the level of government capital and operating expenditure for hospitals. However, the issue of the balance between spending for the day-to-day operation of hospitals and long term investment in "bricks and mortar" was raised in many submissions so we make these two observations:

There is a widely-held perception among nurses that capital dollars, destined for hospital construction, deprive nurses of needed operating dollars that could provide better patient care at the bedside and ease the work load of nurses on wards. Many nurses feel that the reallocation of some capital dollars to hospital operating budgets should be a priority. The method of budgeting capital dollars and operating dollars — and the fact that investment in "bricks and mortar" is a one-time exercise, where as operating dollars are required every year for decades — should be publicized to health care providers and the public.

In our Final Report, we will make recommendations regarding capital construction policies in 2000 A.D. and beyond. Because the planning of hospitals, nursing homes, and community facilities can take from five to 10 years, the possible recommendations of the Commission in its Final Report would be better facilitated if consideration were given to:

- a phased reduction of the total government health facilities construction budget over the next two to four years; and
- a moratorium on new commitments after June 30, 1988 to new large general purpose active treatment hospitals, especially in metropolitan regions, until the Commission's Final Report.

Neither do the Terms of Reference for this report include making recommendations regarding labour legislation; however, this issue was raised in many submissions, briefs and letters.

Many nurses are concerned about the existing structure and framework for collective bargaining. We believe it is important to include a sampling of concerns that have been expressed to us.

"Anti-strike legislation enacted in 1983 made bargaining in good faith as between nurses and the Alberta Hospitals Association virtually impossible. Nurses were faced with two options: either to accept what was offered, or break the law. They saw no hope of a fair hearing by an Arbitration Board, which by the same law is tied to government fiscal policy, which is known to be one of restraint and is likely always to be."

— Private Citizen

- "The United Nurses Association and the Alberta Hospital Association are locked into a bargaining relationship from which there is no possibility of escape. Like a marriage that has gone wrong, the parties keep repeating behaviours that irritate each other. Their periodic negotiations are characterized by a mutual lack of respect, antagonism and skepticism." — Nursing Educator
- "Four province-wide strikes within seven rounds of collective bargaining is not typical of unions, because in general, approximately 90 per cent of collective agreements are renewed without recourse to strikes or lockouts." — Nursing Educator
- "The United Nurses Association will continue to strike as it has the support of its members for ideological reasons and because strikes have been so successful in the past. No appeals to professionalism, ethics or the public interest are likely to persuade union leaders to abandon their strike weapon, nor will the recent criminal contempt convictions and fines deter them if the gains made in the past are threatened, or if there is not a perception of genuine equality among the parties at the negotiation table." — Nursing Educator
- "I think nurses should not be allowed to strike, as well as some other necessary public services. The Government should indeed have control over them. I was disappointed they were not relieved of their duties (the government in the U.S certainly took action with their air controllers). Their defiance of a law was deplorable. I really wish the government had kept an upper hand, as I am afraid other services will all test it." — Private Citizen

"This legislation must be repealed. Where arbitration boards are to be used, the personnel must be knowledgeable and understanding of nursing issues and be unrestricted by government financial policies."

— Private Citizen

- "Although beyond the Terms of Reference of the Commission's Interim Report, it is the belief of the Alberta Hospital Association that Alberta's current labour legislation was a significant contributor to the recent job action by nurses." — Alberta Hospital Association, 1988
- "The fact that nurses did go on strike is by itself compelling evidence that major problems exist in our current method of health care delivery." — United Nurses of Alberta
- "Labour legislation is constricted in that compulsory arbitration is governed by fiscal policy. This can be overcome by a change in attitude as much as by legislation." — Executive Nurses' Association of Alberta

"Of course unions are ruining our country. Boils down to this...who is running our country, government or unions?"

— Private Citizen

- "The Alberta Medical Association deplores the illegal withdrawal of essential services, which is jeopardizing the health care of patients, and urges that these services be restored immediately. Furthermore, the Alberta Medical Association urges the provincial government to provide rational funding for the health care system." — Alberta Medical Association, 1988

"Clarification of the government's role in the bargaining process between nurses and their employers is necessary."

— Nursing Group

The purpose of Section 48 of the Public Service Employee Relations Board Act should be clarified. There are perceptions that Section 48 is meant to totally prohibit even the most informal of discussions of problems relating to the working conditions of nurses. Good management-employee relations require listening and an opportunity for the informal raising of concerns, whether or not they are the subject of formal arbitration.

GENERAL IMPRESSIONS AND A LOOK AHEAD

"NOBODY KNOWS; NOBODY CARES"

"In many hospitals, nursing does not have representation at the senior management level. Most nurses perceive they are not listened to nor heard by administration or the Board of Governors."

— Nursing Department

Many nurses believe the public knows little about the nursing profession and that nobody cares about their contribution.

A majority of nurses have the perception that their concerns are not being heard and, if heard, are not being taken seriously.

Many nurses claim that they are not properly recognized by society at large, by others in the health care system, and even by others in their own profession as to their true roles, worth and importance.

There is a lack of consensus about what constitutes nursing practice. This has resulted in confusion among nurses and among those who work with nurses. In the work place, this confusion has reduced the opportunity for clearly identifying what precisely constitutes competent performance by a nurse.

"Why the problem with hospital nursing? Very easy — Doctors. I am frustrated...with physicians who remove a dressing which has just taken me twenty minutes to apply."

— RN

Many nurses are frustrated with the status quo and they worry that their work commands no respect...they feel nursing is not appreciated as a needed, worthy and complex area of endeavour.

A sense of powerlessness pervades the nursing profession.

Our recommendations are intended to help nurses overcome their feeling that they have no power to effect change...no voice in decision-making...no control over their daily tasks...and no authority over aspects of their work for which they are held accountable.

Clearly the lack of action on repeated recommendations in many previous reports has raised the frustration level among members of the nursing profession. This frustration will continue if matters remain unresolved; if questions remain unanswered; if concerns are not addressed; and if recommendations are lost in the bureaucracies of governments, institutions and associations.

Members of the Commission heard much which caused them genuine concern. It is difficult to conceive of teamwork when faced with evidence that the vital elements — trust and respect and pride — appear to be sorely lacking among the members of the health care team. How did this erosion occur? Over time and in a cloud of uncertainty. Why did it happen? Perhaps because each took the other for granted, forgetting their dependence on each other. Can it be mended? Yes.

"Recommendation: develop province-wide public relations programs to promote the role of hospitals, nurses, patients and families in health care."

— RN

As this Commission examines the health care professions, so too must the health care professions examine themselves. And, we believe that there can be a bonding among the team members. There can be a re-emergence of trust, respect and pride, not only in themselves and their chosen fields, but also in other members of the health care team.

The role and responsibility of the nurse has changed dramatically over the decades. The adjustment has been difficult. What has not changed is the kind of individual within society who chooses to become a nurse.

Nurses continue to be caring, compassionate people...dedicated to helping others...contributing to the quality of life...committed to their profession.

"RNAs are a very necessary group of health care givers. They assist and complement the staff nurse. These workers should be recognized as very valuable, not banished to nursing homes or eliminated from the nursing team."

— A group of hospital nurses

In requesting this Interim Report, Premier Getty asked for recommendations "that would help Alberta nurses to feel comfortable, feel that they are being treated fairly, and that they are playing a major and important role in the system."

Action on our proposals will achieve that goal.

APPENDIX I

ORDER IN COUNCIL, COMMISSION MEMBERSHIP PROJECT STAFF AND CONSULTANTS ADVERTISEMENT SEEKING PUBLIC INPUT

Alberta
ORDER IN COUNCIL

APPROVED AND ORDERED,

LIEUTENANT GOVERNOR

O.C. 848/87

December 18, 1987

EDMONTON, ALBERTA

WHEREAS the fundamental resource of Alberta is its people;

WHEREAS the health of all Albertans is of paramount importance to the Province's future social and economic well-being;

WHEREAS Albertans have universal access to health care programs and facilities of the highest quality;

WHEREAS the Government is deeply committed to maintaining the highest quality of health services for Albertans, while recognizing the increasing cost implications of delivering these services;

WHEREAS the patterns of Alberta's population growth, composition and activity will continue to change in response to shifting economic, social and technological factors;

WHEREAS the Government wishes to plan its long term policy framework to ensure that Albertans continue to have access to the highest quality health services in the future.

THEREFORE, upon the recommendation of the Honourable the President of the Executive Council, the Lieutenant Governor in Council, makes the order in the attached Appendix, being the Premier's Commission on Future Health Care for Albertans.

Don R. Getty

CHAIRMAN

1. In this Order "Commission" means the Premier's Commission on Future Health Care for Albertans.

2. There is hereby established a Commission called the "Premier's Commission on Future Health Care for Albertans".

3. (1) The Commission shall consist of the following members:

   (a) Louis D. Hyndman, Q.C., Edmonton, Alberta;
   (b) Joy D. Calkin, Dean of Nursing, University of Calgary;
   (c) Ruth L. Collins-Nakai, M.D., Edmonton, Alberta;
   (d) C. Eugene Murrant, Businessman, Manning, Alberta;
   (e) Father Patrick B. O'Byrne, Calgary, Alberta;
   (f) Carol R. Snedden, B.Sc., Home Economics, Medicine Hat, Alberta;
   (g) William L. C. Sturgeon, Businessman, Edmonton, Alberta.

   (2) The member referred to in subsection (1)(a) is hereby designated as Chairman of the Commission.

4. The Commission is to conduct an inquiry on future health requirements for Albertans with respect to these general terms of reference:

   (a) to examine changes in future health requirements as they relate to population trends, advances in active treatment and preventative health measures, health training and technology, types and patterns of illness, public needs and expectations, organization funding structures, and such other factors that may be relevant;

   (b) to examine the roles, responsibilities and expectations of individual Albertans, volunteers, community agencies, the medical and related health care professions, private sector interests, and governments in planning, delivering and funding future health services and programs;

   (c) to examine incentives and mechanisms to maintain the quality and accessibility of health services; to encourage the most innovative, effective and economical use of health resources and to focus on the promotion of health and the prevention of disease; and

   (d) to examine, comment on, and make recommendations on such other matters that the Commission may deem to be relevant.

5. The Commission shall report to the Premier as quickly as possible utilizing such interim reports as may be necessary, with a final report and recommendations on or before December 31, 1989.

The Chairman, Lou Hyndman, B.A., LL.B., Q.C., of Edmonton was first elected to the Alberta Legislature in 1967 and served as Minister of Education, Minister of Federal and Intergovernmental Affairs, Provincial Treasurer, and Government House Leader. He is now a senior member of the law firm, Field and Field.

Joy Calkin, R.N., M.Sc., Ph.D., of Calgary has held various academic appointments in both Canada and the United States. She is the Dean of Nursing at the University of Calgary.

Ruth Collins-Nakai, M.D., of Edmonton completed post-graduate studies at McGill, Harvard and the University of Alberta, and is Professor of Pediatrics, Division of Pediatric Cardiology at the University of Alberta. She is the President of the Alberta Medical Association.

C. Eugene (Gene) Murrant of Manning has operated his own electrical contracting business for 28 years and is the past chairman (1985-1986) of the Alberta Hospital Association.

Father Patrick O'Byrne, B.A., M.S.W., LL.D., of Calgary is a past director of Catholic Family Services, Catholic Council of Social Affairs, and the Inter-Faith Community Action Committee. He is current chairman of the Inter-Faith Lacombe Centre Society, and the Roman Catholic Chaplain at the Calgary Remand Centre.

Carol R. Snedden, B.Sc., of Medicine Hat is a past vice-chairman of the Provincial Hospitals and Medical Care Policy Advisory Committee (1978-1986), a representative of the Medicine Hat Regional Hospital Planning Committee (1975-1987), and a member of the Community Resources Centre Board (1973-1977).

William L.C. (Bill) Sturgeon, H.B.A., of Edmonton is President of Consumers Welders Supplies Inc. and is a past president of the National Welding Supply Association, and the Rotary Club.

Alex McPherson, M.D., Ph.D., of Edmonton, Deputy Commissioner, is a Professor, Faculty of Medicine, University of Alberta, a past director of the Department of Medicine at the Cross Cancer Institute (1972-1985), and former President of both the Alberta and Canadian Medical Associations. He served from September 1985 to January 1, 1988 as the Deputy Minister of Hospitals and Medical Care for Alberta.

STAFF

Alex McPherson, M.D., Ph.D.
Deputy Commissioner and Executive Director

Joel Christie, B.A., M.S.W., Ph.D.
Research Coordinator

Ken Patterson, B.Sc. (Agr.)
Project Coordinator

Carol Morgan, B.A., M.L.S.
Librarian

The Commission also gratefully acknowledges the dedication and hard work of Brenda Howorko, Gisele Chartrand, Shirley Hlushak, Colleen Thorsen and Elisabeth Reib in the preparation of this Report.

CONSULTANT

The following firm was engaged by the Commission to provide consulting services:

Seacrest Consulting Company, Edmonton, Alberta

This advertisement appeared in 60 daily and weekly newspapers in Alberta.

Your views are requested on the Role of Nurses in the delivery of Health Care

Premier Don Getty has asked the Premier's Commission on Future Health Care for Albertans to prepare an interim report on the major concerns of nurses regarding their role in the delivery of health care in our hospital and nursing home system.

Specifically, the Commission is requested to ascertain facts and make recommendations regarding:

1) The major concerns of nurses regarding their opportunity to advance academically and through increased experience in subspecialized areas of nursing care and to have this increased expertise recognized by hospital boards;
2) The degree of physical danger to which nurses may, from time to time, be exposed through their work activity;
3) The major concerns of nurses regarding their working conditions and rules governing their employment.

Interested Albertans are invited to write to the Commission, setting forth their views on these issues, by March 15th, 1988, at:

17th Floor, 10025 Jasper Avenue
Edmonton, Alberta
T5J 3Z3

Telephone: 422-1106
Outside Edmonton Call: 1-800-282-3906
Fax: (403) 422-4521

Alberta
GOVERNMENT OF ALBERTA

APPENDIX II

GLOSSARY OF TERMS AND ABBREVIATIONS

AARN - Alberta Association of Registered Nurses - the provincial regulatory body responsible for the registration and discipline of registered nurses in Alberta under the *Nursing Profession Act*. Also, the provincial professional association representing the professional interests of more than 21,000 registered nurses in the province.

AARNA - Alberta Association of Registered Nursing Assistants - the collective bargaining association representing over 5,400 health care providers in the bargaining unit known as "auxiliary nursing care" in Alberta. The following groups are included in this bargaining unit: registered nursing assistants; nursing attendants/personal care attendants; operating room technicians; ambulance drivers, assistants, and attendants; physio assistants and attendants; and occupational assistants and attendants. Also, the provincial professional association representing the occupational interests of registered nursing assistants in the province.

admission monitoring system - the system used by hospitals to keep track of the number of patients by wards. It allows hospitals to allocate new admissions to vacant beds.

AFL - Alberta Federation of Labour - a federation of various labour unions or collective bargaining associations in Alberta and the coordinating body for numerous trade union programs in the province.

AHA - Alberta Hospital Association - a voluntary provincial association comprised of 150 member boards representing all the active treatment and auxiliary hospitals, and most nursing homes in Alberta. The objectives of the Association as stated in the *Alberta Hospital Association Act* are to: assist members to provide hospital services of high quality; promote local authority; advise members on planning and construction, the organization of facilities, improved standards, education, and public health; represent members in discussions and negotiations with government; promote sound labour relations; and coordinate collaborative ventures.

AHSSDC - Alberta Health and Social Services Disciplines Committee - an interdepartmental advisory committee consisting of the following six provincial government departments or agencies: Alberta Advanced Education; Alberta Career Development and Employment; Alberta Community and Occupational Health; Alberta Hospitals and Medical Care; Alberta Social Services; and Alberta Professions and Occupation Bureau. The primary function of the committee is to advise the provincial government on issues relating to health and social service manpower and training. The committee reports to the Minister responsible for Professions and Occupation.

ALTCA - Alberta Long Term Care Association - a voluntary provincial association representing the interests of long term care institutions in Alberta.

AMA - Alberta Medical Association - a voluntary provincial professional association representing the professional interests of physicians in Alberta.

auxiliary hospitals - hospitals providing care and treatment for patients with long-term or chronic illnesses, who require a less intensive or different level of care than provided in general hospitals. For some patients treatment results in rehabilitation to a point where they are able to return to the community or transfer to a nursing home or residential facility. For others, supportive or rehabilitative nursing and medical care is provided for an extended period.

baccalaureate nursing degree - the degree conferred upon students who have successfully completed the 4 year Bachelor of Nursing Programs at the Universities of Alberta and Calgary, or the 2 year Post-Diploma Bachelor of Nursing Programs at the Universities of Alberta, Calgary, and Lethbridge.

basic nursing education programs - formal post-secondary educational programs that prepare new registered nurses to practice for the first time. The two kinds of basic nursing education programs in the province are the 2-3 year Diploma in Nursing Programs offered by various colleges and hospitals, and the 4 year Bachelor of Nursing Programs offered by the Universities of Alberta and Calgary.

career ladder - an educational process by which an individual in the nursing field can progress from being a nursing aide to first becoming a registered nursing assistant and then becoming a registered nurse by completing a series of prescribed post-secondary educational programs.

casual nurse - term used to describe any registered nurse who is working an average of less than one full day of work per week and who is not included in collective bargaining agreements.

CCHSE - Canadian College of Health Service Executives - a voluntary national professional association representing the professional interests of health services executives in Canada.

certification of nursing specialties - a process by which the Canadian Nurses Association confirms that a registered nurse has demonstrated competence in a nursing specialty if she meets certain predetermined standards for that specialty.

certified graduate nurse - a nurse who has graduated from an "approved school of nursing", but who has not passed the national nurse registration examination conducted by the Canadian Nurses Association.

clinical ladder - a system or path by which a nurse in professional nursing practice can advance in institutional setting through a series of levels or stages based on competencies.

CNA - Canadian Nurses Association - a national federation of the 11 provincial and territorial nurses associations in Canada. Also, the national professional association representing the professional interests of registered nurses in Canada.

continuing nursing education programs - all learning activities that registered nurses undertake after they have completed their basic nursing education programs. Continuing education programs for nurses can be both formal and informal. Formal programs or post-basic nursing education programs would involve any kind of long-term continuing nursing education for which any academic credit or any recognized certification is granted. On the other hand, informal continuing education programs would include such things as short-term, non-credit courses and workshops, in-service education programs offered to registered nurses at their places of work, and the self-directed learning activities of individual nurses.

CPS - College of Physicians and Surgeons of Alberta - the provincial regulatory body responsible for the licensing and discipline of physicians in Alberta under the *Medical Profession Act*.

ENA - Executive Nurses Association of Alberta - a voluntary provincial professional association representing the professional interests of nurse managers in Alberta.

full-time nurse - term used to describe any registered nurse who is working an average of four or more full days of work per week and who is included in collective bargaining agreements.

general hospitals - hospitals providing basic hospital services throughout the province. Specialist services are provided in large regional hospitals. Admission to an active treatment hospital is by order of a physician. Also referred to as active treatment hospitals or acute care hospitals.

hospital boards - ll of Alberta's hospitals are governed by a board of trustees, comprised of individuals from local communities who are either elected or appointed to serve on hospital boards. Hospital board appointments may be made by the provincial government in the case of crown hospitals; or on an ex-officio basis by city councils, or by an owner society or corporation. Elected hospital trustees are elected by the citizens in a hospital district as part of the municipal election process.

Under the *Hospital Act* a hospital board has full control of the hospital and has absolute and final authority in respect of all matters pertaining to the operation of the hospital.

hospital planning and programming processes - the methods by which hospital administrators allocate staff resources and funds to the various areas of their hospitals.

HSAA - Health Sciences Association of Alberta - a collective bargaining association representing approximately 5,000 paramedical technical and paramedical professional employees in 105 hospitals and health care facilities in Alberta.

nursing home - health care facilities providing supervised, personal care for people who are not ill enough to require hospitalization in a general or auxiliary hospital, but who require assistance in coping with daily living. There are three kinds of nursing home ownerships in Alberta — private, voluntary, and district.

nursing paid hours - the number of hours of nursing care actually paid for by hospitals. These nursing paid hours can be provided by registered nurses, certified graduate nurses, registered psychiatric nurses, registered nursing assistants, and nursing aides.

nursing specialty - a specialized area of nursing which requires a unique set of knowledge and skills in order to practice the specialty, which involves providing a specialized form of nursing care to patients, and which employs unique techniques and technologies in the practice of the specialty. The specialty also requires basic preparation in nursing.

nursing staff guidelines - a set of parameters used by Alberta Hospitals and Medical Care to award funding to hospitals based upon the number of patients per day that is judged can be reasonably cared for by a member of the hospital nursing staff.

part-time nurse - term used to describe any registered nurse who is working an average of more than one but less then four full days of work per week and who is included in collective bargaining agreements.

patient classification system - a system developed to categorize patients by the level of dependence on nursing care. This system is used in some hospitals as a guideline to allocate staff to wards on a daily basis and/or as a basis for budgeting for staff to provide nursing care.

PCA - Personal Care Attendant - any nursing personnel other than registered nurses, certified graduate nurses, registered psychiatric nurses, and registered nursing assistants practising in Alberta. Also referred to as personal care aides, nursing aides, and nursing attendants.

PCRNA - Professional Council of Registered Nursing Assistants - the provincial regulatory body responsible for the registration and discipline of registered nursing assistants in Alberta under the *Health Disciplines Act*.

post-basic baccalaureate programs - the 2 year Post-Diploma Bachelor of Nursing Programs offered to registered nurses, who have completed a diploma nursing program, by the Universities of Alberta, Calgary, and Lethbridge.

post-basic nursing education programs - any long-term continuing nursing education program for which any academic credit or any recognized certification is granted after the nurse has already completed her basic nursing education program.

post-secondary educational institutions - any university, college, technical institute, or vocational centre offering formal educational programs beyond the high school level.

registration of nurses - the regulatory process by which nurses are registered and regulated under various acts of the provincial government.

RN - Registered Nurse - a nurse who has graduated from an "approved school of nursing", who has successfully passed the national nurse registration examination conducted by the Canadian Nurses Association, and who is registered and regulated under the *Nursing Profession Act.*

RNA - Registered Nursing Assistant - any nursing personnel registered and regulated under the "registered nursing assistants" regulations of the *Health Disciplines Act.*

RPN - Registered Psychiatric Nurse - any nurse registered and regulated under the "registered psychiatric nurse" regulations of the *Health Disciplines Act.*

RPNAA - Registered Psychiatric Nurses' Association of Alberta - the provincial regulatory body responsible for the registration and discipline of registered psychiatric nurses in Alberta under the *Health Disciplines Act.* Also, the provincial professional association representing the professional interests of registered psychiatric nurses in the province.

SNA - Staff Nurses Associations of Alberta - a collective bargaining association representing approximately 2,500 registered nurses employed by the University Hospitals Board and the Alberta Cancer Board.

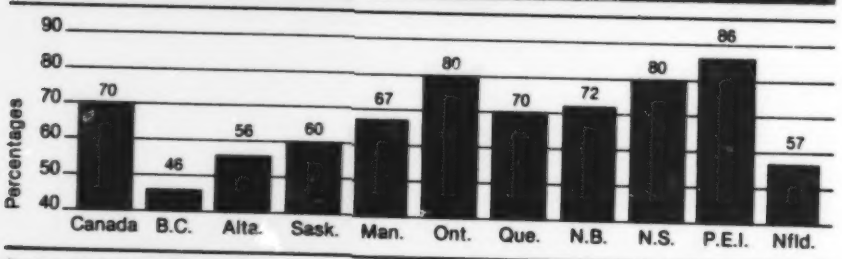
staff nurse - any nurse employed in general nursing duties in hospitals, nursing homes, and health units in Alberta.

UNA - United Nurses of Alberta - a collective bargaining association representing approximately 11,400 registered nurses employed by hospitals, nursing homes, health units, and the Victorian Order of Nurses in Alberta.

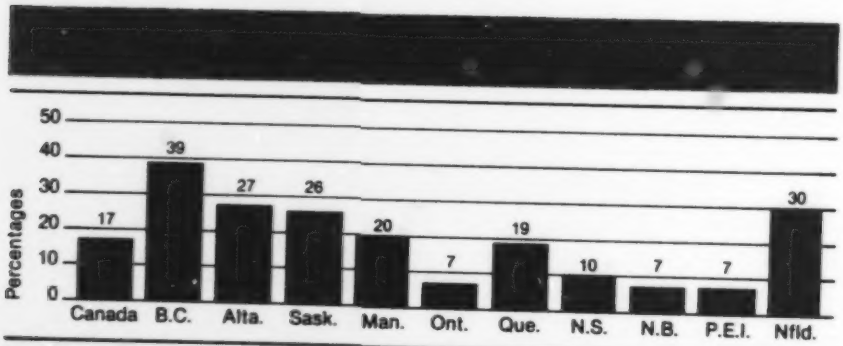
WCB - Workers Compensation Board - the provincial government agency providing rehabilitation treatment and compensation to workers who have been injured on the job or who are suffering from job-related diseases. The Board assists workers in the early return to employment through medical and/or vocational rehabilitation services.

APPENDIX III

GRAPHS AND TABLES



Source: Statistics Canada, 1987



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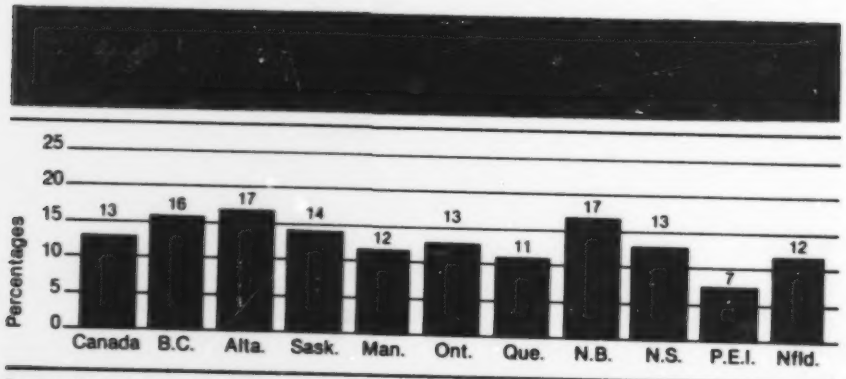


Source: Statistics Canada, 1987

Highlights

- Of all the provinces, Alberta and New Brunswick had the highest percentage (17 per cent) of registered nurses with at least a baccalaureate degree in 1987.
- Alberta had the second highest percentage (44 per cent) of registered nurses with more than the diploma level of education among the provinces in 1987. British Columbia had the highest percentage (54 per cent).

Type of Program	Length of Program	1986-87 Enrollment Quota	1986-87 Applicants	1986-87 Graduates	Increase in Enrollment Quota 1982-83 to 1986-87	Increase in Applicants 1982-83 to 1986-87	Increase in Graduates 1982-83 to 1986-87
BASIC NURSING EDUCATION PROGRAMS							
Bachelor of Science in Nursing							
1. University of Alberta	4 years	100	231	95	20 (25%)	-30 (-11%)	50 (111%)
2. University of Calgary	4 years	64	375	44	0 (0%)	119 (46%)	-3 (-6%)
Subtotal		**164**	**606**	**139**	**20 (14%)**	**89 (17%)**	**47 (51%)**
Diploma in Nursing (College Programs)							
3. Grande Prairie Regional College	88 weeks	24	74	18	0 (0%)	22 (42%)	N/A
4. Grant MacEwan Community College	88 weeks	77	77	58	-7 (-8%)	70 (23%)	-13 (-22%)
5. Keyano College	88 weeks	24	78	15	N/A	N/A	N/A
6. Lethbridge Community College	88 weeks	72	217	50	12 (20%)	119 (121%)	22 (79%)
7. Medicine Hat College	88 weeks	50	116	24	14 (39%)	29 (33%)	-2 (-8%)
8. Mount Royal College	88 weeks	120	584	83	0 (0%)	182 (45%)	28 (51%)
9. Red Deer College	88 weeks	80	372	71	8 (11%)	126 (51%)	20 (39%)
Subtotal		**447**	**1,813**	**319**	**51 (13%)**	**626 (53%)**	**88 (38%)**
Diploma in Nursing (Hospital Programs)							
10. Foothills Hospital School of Nursing	3 years	152	438	104	2 (1%)	108 (33%)	43 (70%)
11. Misericordia Hospital School of Nursing	3 years	90	333	62	20 (29%)	137 (70%)	10 (19%)
12. Royal Alexandra Hospital School of Nursing	2 1/3 years	120	564	103	0 (0%)	129 (30%)	34 (49%)
13. University of Alberta Hospital School of Nursing	2 1/3 years	180	561	141	0 (0%)	145 (35%)	37 (36%)
Subtotal		**542**	**1,896**	**410**	**22 (4%)**	**519 (38%)**	**124 (43%)**
POST-BASIC NURSING EDUCATION PROGRAMS							
Post-Diploma Bachelor of Science in Nursing							
1. University of Alberta	2 years	144	153	118	0 (0%)	48 (46%)	14 (13%)
2. University of Calgary	2 years	50	181	61	0 (0%)	47 (35%)	6 (11%)
3. University of Lethbridge	2 years	46	73	29	10 (28%)	43 (143%)	6 (26%)
Subtotal		**240**	**407**	**208**	**10 (4%)**	**138 (51%)**	**26 (14%)**
Master of Nursing							
4. University of Alberta	2 years	N/A	36	8	N/A	13 (57%)	5 (167%)
5. University of Calgary	2 years	26	40	10	18 (225%)	17 (74%)	3 (43%)
Subtotal		**26**	**76**	**18**	**18 (225%)**	**30 (65%)**	**8 (80%)**

Type of Program	Length of Program	1986-87 Enrollment Quota	1986-87 Applicants	1986-87 Graduates	Increase in Enrollment Quota 1982-83 to 1986-87	Increase in Applicants 1982-83 to 1986-87	Increase in Graduates 1982-83 to 1986-87
Post-Basic Certificate Programs in Nursing Specialties							
6. Misericordia Hospital School of Nursing (Emergency Intensive Care Nursing)	16 weeks	40	189	30	N/A	N/A	N/A
7. Grant MacEwan Community College (Extended Care Nursing)	1 year	50	66	11	0 (0%)	-163 (-71%)	2 (18%)
8. Mount Royal College (Mental Health Nursing)	10 months	N/A	22	3	N/A	-22 (-50%)	-4 (-57%)
9. Foothills Hospital School of Nursing (Neonatal Intensive Care Nursing Education)	1 year	30	42	24	N/A	N/A	N/A
10. Grant MacEwan Community College (Occupational Health Nursing)	1 year	15	17	31	-15 (-50%)	-23 (-58%)	-15 (-33%)
Subtotal		**135**	**336**	**99**	**N/A**	**N/A**	**N/A**

Source: Alberta Advanced Education, Program Coordination Branch, *Alberta Health and Social Services Education Programs Inventory 1986-87*, Edmonton, Alberta, December, 1987.

Highlights

- In 1986-87, there were 13 basic nursing education programs and 10 post-basic nursing education programs for registered nurses in Alberta.
- Basic Nursing Education Programs:

  There are three types of basic nursing education programs in the province.

  1) two basic baccalaureate programs at the Universities of Alberta and Calgary;
  2) seven diploma programs at various colleges; and
  3) four diploma programs at various hospitals.
- Enrollment in the basic baccalaureate programs has increased by 14 per cent, the number of applicants by 17 per cent, and the number of graduates by 51 per cent from 1982-83 to 1986-87.
- Enrollment in the college diploma programs has increased by 13 per cent, the number of applicants by 53 per cent, and the number of graduates by 38 per cent from 1982-83 to 1986-87.
- Enrollment in the hospital diploma programs has increased by 4 per cent, the number of applicants by 38 per cent, and the number of graduates by 43 per cent from 1982-83 to 1986-87.
- Post Basic Nursing Education Programs:

  Alberta has the following three types of post-basic nursing education programs for registered nurses:

  1) three post-diploma baccalaureate nursing programs at the Universities of Alberta, Calgary and Lethbridge;
  2) two Master of Nursing programs at the Universities of Alberta and Calgary; and
  3) five post-basic certificate programs in different nursing specialties at various hospitals and colleges.
- The enrollment quota of the post-basic baccalaureate nursing programs has increased by 4 per cent, the number of applicants by 51 per cent, and the number of graduates by 14 percent from 1982-83 to 1986-87.
- The enrollment quota of the Master of Nursing programs have increased by 225 per cent, the number of applicants has increased by 65 per cent, and the number of graduates by 80 per cent from 1982-83 to 1986-87.
- Similar statistics on changes in the post-basic certificate programs during this five-year period were not available for all the programs. The statistics that were available, however, showed that enrollment quotas, the number of applicants, and the number of graduates have all decreased from 1982-83 to 1986-87.

[redacted]

Length of Training	Type of Training	Total Hours of Clinical Experience*
3 Years	Diploma RN (Hospital)	2000 to 2500 hours
2 Years	Diploma RN (College)	1400 to 1700 hours
4 Years	Baccalaureate RN (University)	1400 hours
Additional 2 Years	Post-Diploma Baccalaureate RN	Additional 300 to 400 hours

* Includes clinical time spent in some theoretical clinical courses as identified in the Calendars of these post-secondary educational institutions.

Source: Alberta Advanced Education, Program Coordination Branch

[redacted]

Type of RN	1983 No. of RNs	1983 Hours Practiced	1987 No. of RNs	1987 Hours Practiced
Institutionally Based RNs[2]				
Full-time[3]	7,345 (55%)	12,514,514 (71%)	8,336 (52%)	14,028,892 (65%)
Part-time[4]	4,767 (36%)	4,874,478 (27%)	6,465 (41%)	7,260,794 (33%)
Casual[5]	1,210 (9%)	313,043 (2%)	1,037 (7%)	387,547 (2%)
Subtotal	**13,322 (100%)**	**17,702,035 (100%)**	**15,838 (100%)**	**21,677,233 (100%)**
Community Based RNs[6]				
Full-time	2,114 (59%)	3,586,360 (76%)	2,231 (50%)	3,768,328 (64%)
Part-time	943 (27%)	909,195 (19%)	1,223 (27%)	1,301,952 (22%)
Casual	504 (14%)	245,534 (5%)	1,055 (23%)	804,047 (14%)
Subtotal	**3,561 (100%)**	**4,741,084 (100%)**	**4,509 (100%)**	**5,874,327 (100%)**
Total RNs				
Full-time	9,459 (56%)	16,100,874 (72%)	10,567 (52%)	17,797,220 (65%)
Part-time	5,710 (34%)	5,783,673 (26%)	7,688 (38%)	8,562,746 (31%)
Casual	1,714 (10%)	558,577 (2%)	2,092 (10%)	1,191,594 (4%)
Total	**16,883 (100%)**	**22,443,124 (100%)**	**20,347 (100%)**	**27,551,560 (100%)**

Source: Alberta Association of Registered Nurses.

[1] "Number of hours practiced" data from Association's "1983 and 1987 Statistical Forms" (i.e., annual registration forms). Of the AARN's total of 18,513 active registered nurses in 1983, 1,630 (or 8.8 per cent) nurses had not practiced nursing during the year, while 16,883 (or 91.2 per cent) had practiced nursing one or more hours during that year. Of the AARN's total of 21,975 active registered nurses in 1987, 1628 (or 7.4 per cent) nurses had not practiced during that year, while 20,347 (or 92.6 per cent) had practiced nursing one or more hours during that year.

[2] Institutionally based nurses were any registered nurses working in acute care hospitals, auxiliary hospitals, psychiatric hospitals and nursing homes.

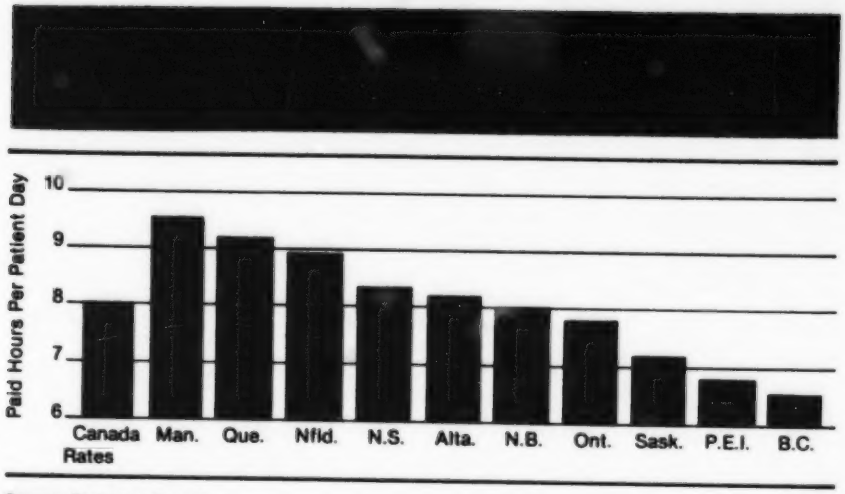
[3] Full-time nurses were any registered nurses who indicated on their annual registration forms that they were "employed in nursing full-time" and that they practiced 1,560 or more hours during the year. These nurses were members of collective bargaining associations.

[4] Part-time nurses were any registered nurses who indicated on their annual registration forms that they were "employed in nursing part-time" and that they practiced 406 hours or more during the year. 406 hours is an average of one day a week. These nurses were members of collective bargaining associations.

[5] Casual nurses were any registered nurses who indicated on their annual registration forms that they were either:
(a) "employed in nursing part-time" but had worked less than 406 hours during the year;
(b) "employed in other than nursing" but had practiced nursing one or more hours during the year; or
(c) "not employed" but had practiced nursing one or more hours during that year.

These nurses were not members of collective bargaining associations.

[6] Community based nurses were any registered nurses working for employing agencies other than acute care hospitals, auxiliary hospitals, psychiatric hospitals and nursing homes. Nurses who were "self-employed" or who did not specify a type of employer were included among the community based nurses. However, an unknown portion of the hours practiced by these nurses were probably practiced in institutions.



Source: Statistics Canada

Highlights

- Alberta ranked fifth among the provinces in terms of its 1986 nursing paid hours.
- Alberta's 1986 nursing paid hours were slightly higher (8.08 v. 8.00) than the national average.

Category	Number of Hospitals	Bed Size	Funded Operating Costs for Hospitals	Percentage of Total Funded Operating Costs for All Hospitals
1	12	300 beds and up	$ 774,550,289	60
2*	14	100 to 299 beds	268,719,292	21
3***	102	99 beds and less	245,854,713	19
Total**			**$1,289,124,294**	**100**

* Includes Cross Cancer Institute, Edmonton.

** Total includes Specific Programs and One-time Payments; excludes Edmonton Northern Alberta Children's Hospital

*** Includes Lloydminster

Source: Alberta Hospitals and Medical Care

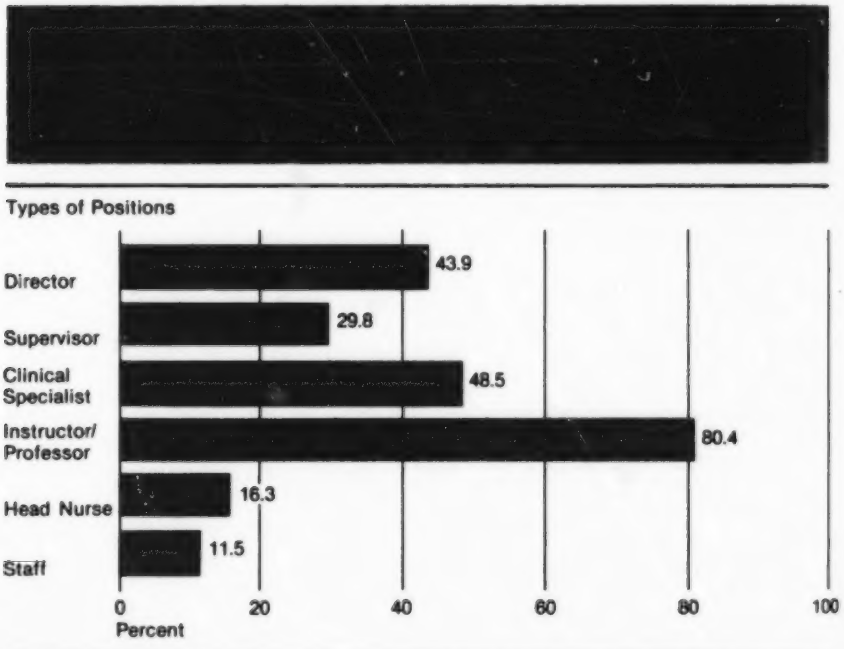
Highlights

- Alberta's 12 largest hospitals, while representing only 9 per cent of all the province's acute care hospitals, account for 60 per cent of the total funded operating costs.
- Alberta's 26 hospitals of 100 or more beds, while representing only 20 per cent of all acute care hospitals in the province, account for 81 per cent of the total funded operating costs for these hospitals.

Year Ended March 31	Capital Construction Costs[1] ($000)	Operating Costs of Active Care Hospitals, Auxiliary Hospitals and Nursing Homes[2] ($000)
1977	$ 45,852	$ 489,727
1978	32,900	506,485
1979	53,749	553,041
1980	64,655	643,638
1981	93,359	778,067
1982	107,665	986,419
1983	216,271	1,308,563
1984	265,293	1,446,776
1985	206,384	1,497,997
1986	230,774	1,607,110
1987	237,660	1,751,250

[1] Refers to the construction costs for active care hospitals, auxiliary hospitals and nursing homes, excluding the capital project costs funded through the Heritage Savings Trust Fund.

[2] "Estimates of expenditure, Program estimates, Alberta", 1978-79 and 1979-80, for 1976-77 and 1977-78 data.
Department of Hospitals and Medical Care, "Annual Reports", 1978-79 to 1986-87 for 1978-79 to 1986-87 data.



Source: Statistics Canada, Nursing in Canada, 1986.

Highlights

- The majority of nurses in administrative and clinical specialty areas did not have university degrees in 1986.
- Staff nurse positions had the lowest percentages of nurses with university degrees.

	Diploma RN	Post-Basic	University	Total
Director; Assistant Director	127 (30.6%)	106 (25.5%)	182 (43.9%)	415 (100.0%)
Supervisor/Coordinator and Assistant	369 (36.9%)	333 (33.3%)	298 (29.8%)	1,000 (100.0%)
Clinical Specialist	32 (31.7%)	20 (19.8%)	49 (48.5%)	101 (100.0%)
Instructor/Professor	65 (11.4%)	47 (8.2%)	460 (80.4%)	572 (100.0%)
Head Nurse	289 (51.2%)	183 (32.4%)	92 (16.3%)	564 (99.9%)
Staff Nurse	8,712 (60.0%)	4,140 (28.5%)	1,671 (11.5%)	14,523 (100.0%)
Other	744 (32.3%)	801 (34.7%)	761 (33.0%)	2,306 (100.0%)

APPENDIX IV

LIST OF INDIVIDUALS AND GROUPS WHO MADE SUBMISSIONS

Name	Affiliation	Location
Abbott, Sally (Mrs.)	Foothills Hospital School of Nursing	Calgary
Ali, Nashad (Ms.)		Calgary
Allan, Pamela (Ms.)	University of Alberta Hospitals - Nursing Division	Edmonton
Almdal, Barbara (Ms.)		Edmonton
Almond, Gayle (Ms.)		Edmonton
Anderson, Pat (Mrs.		Lloydminster
Andreasen, Richard (Mrs.)		Calgary
Armstrong, Wendy (Mrs.)	Staff Nurses Charles Camsell	Edmonton
Arthurs, Jim (Mr.)		Calgary
Atcheson, Joyce (Ms.)		Athabasca
Atkinson, Theresa (Ms.)		Lethbridge
Audell, Lilian (Ms.)		Edmonton
Baird, Joyce (Ms.)	Royal Alexandra Hospitals	Edmonton
Baker, Donald N. (Mr.)	Mount Royal College	Calgary
Balko, Lorraine (Ms.)	Nursing Dept. Royal Alexandra Hospital	Edmonton
	Alberta Children's Hospital F. Cluster	Edmonton
Ball, Victoria (Ms.)		Red Deer
Barclay, L.D. (Ms.)		Spruce Grove
Barr, P. (Ms.)		Carstairs
Bayly, R. (Mr.)	Alberta Long Term Care Association	Edmonton
Bell, Douglas (Dr.)		Calgary
Bell, Jean (Ms.)		Red Deer
Benedict, Joan (Ms.)		Edmonton
Bently, Virginia (Ms.)		Sherwood Park
Berdahl, Elaine (Ms.)		Red Deer
Bergeron, Merla B. (Ms.)		Calgary
Berlin, Rebecca (Ms.)		Calgary
Berry, Eloise (Ms.)		Calgary
Berwich, Geneva (Ms.)		Westlock
Berwiczonek, H. (Ms.)		Calgary
Bezukoff, Ivan (Mr.)		Bon Accord
Bickford, Lila (Ms.)	Eckville Municipal Hospital	Eckville
Blackburn, Marlene (Ms.)		Edmonton
Bohaychuk, Karen (Ms.)		Bruderheim
Bon Bernard, Diana (Ms.)		Calgary
Borroughs, Nel (Ms.)	Bonnyville Health Centre	Bonnyville
Bouey Shank, Carolynne (Ms.)	United Church of Canada - Task Force	Edmonton
Boulanger, Joan (Ms.)		Benalto
Bourassa, G.A.		Redcliff
Bowker, Marjorie (Ms.)		Edmonton
Bowman, Sherry (Ms.)		Castor
Bragg, Deanna (Ms.)		Edmonton
Brigidear, Cheryl (Ms.)	Sturgeon General Hospital - Surgical Unit	St. Albert
Brown, L. (Ms.)		Brooks
Burton, Betty (Ms.)	AARN - North District Political Committee	Beaverlodge
Butler, Helen F. (Ms.)		Red Deer
Button, Lyn (Ms.)	Holy Cross Hospital	Calgary
Callahan, Marie (Mrs.)		Calgary
Campbell, Karen (Ms.)		Edmonton
Campbell-Fowler, C.		Edmonton
Caron, Carol (Ms.)		Leduc
Carson, Wendy (Ms.)		Lethbridge
Carter, Jean (Ms.)		Valleyview
Carter, Joan (Mrs.)		Calgary
Casselman, Joy (Ms.)		Fort McMurray
Cava, Maureen (Ms.)		Calgary
Chadwick, Sharon L. (Ms.)	Oncology Nurses Interest Group	Edmonton
Chandler, Jeanette (Mrs.)		Grande Prairie
Chapman, Yvonne (Ms.)	AARN - Edmonton	Edmonton
Checkel, Faith (Ms.)	Coronation and District Health Care	Coronation

Name	Affiliation	Location
Chinell, Gurty (Ms.)	Red Deer-Central District AARN	Red Deer
Chisholm, Janice (Ms.)	Royal Alexandra Hospital	Edmonton
Chorney, Mona (Ms.)	(Adult Out Patient Psychiatric Program) Foothills Hospital	Calgary
Chu, Stella (Ms.)		Calgary
Cingel, Diane (Ms.)		Red Deer
Claringbull, Jackie (Ms.)		Pincher Creek
Clark, Elvina J. (Ms.)		Irricana
Cleary, Susan C. (Ms.)		Calgary
Coady, Marilyn (Ms.)	Wetaskiwin General Hospital	Wetaskiwin
Coatham, Janet L. (Ms.)		Red Deer
Cockle, E.H. (Mr.)		Mannville
Coenen, Elizabeth (Ms.)		Edmonton
Collier, Jean (Mrs.)	UNA Local #143 (President)	Vulcan
Collin, Karin (Ms.)		Lethbridge
Comstock, R.F. (Mr.)	St. Michael's Hospital	Lethbridge
Concerned Taxpayer		Edmonton
Connolley, Mendoza, Celso		Medicine Hat
Copes, Marilyn (Ms.)	Canadian Orthopedic Nurses Association	Edmonton
Copes, Marilyn (Ms.)	Unit Supervisor 5 West (Misericordia Hospital)	Edmonton
Copithorne, Harry and Agnes		Calgary
Corney, Brenda (Ms.)		Red Deer
Cowan, Dianne (Ms.)	Medicine Hat College	Medicine Hat
Cox, Marion (Mrs.)		Fairview
Cox, Pat		Edmonton
Craig, Edward G. (Mr.)		Calgary
Cristall, Betsy (Mrs.)		Edmonton
Crowther, E.J. (Mr.)	Alberta Hospital Association	Edmonton
Cupid, Kathy (Mrs.)	Alberta Mental Health Nurses Interest Group	Edmonton
Cutfield, Trudy (Ms.)		Calgary
D'Andrea, Catherine (Ms.)		Lethbridge
Darrow Rochford, V. (Ms.)		Edson
Davis, Beryldine (Ms.)		Langdon
Davis, Marian J. (Ms.)		Didsbury
Deane, Heather M. (Ms.)		Calgary
deBeaudrap, Luella (Ms.)	Three Hills Health-Care Centre	Three Hills
Delany, A. (Ms.)		Edmonton
Desrosiers, Norma (Mrs.)		Cold Lake
Dolan, Agnes (Ms.)		Edmonton
Donahue, Colleen (Ms.)		Lethbridge
Donovan, Rachael	Grande Prairie Regional College (Department of Nursing)	Grande Prairie
Doran, J.M. (Ms.)		Medicine Hat
Dorlorme, Marilyn (Ms.)		High Prairie
Doucette, Cindy E. (Ms.)		Calgary
Dougall, L.D. (Mrs.)		Didsbury
Duggan, Carol J. (Ms.)		Edmonton
Duncan, Lynne (Mrs.)	Alberta Advanced Education	Edmonton
Dunnigan, Dianne (Ms.)		Edmonton
DuPasquier, B. (Ms.)		Red Deer
Dwan, Sheila (Mrs.)		Calgary
Ebbers, Bonnie J. (Ms.)		Sherwood Park
Edmiston, Dru (Ms.)	Glenrose Rehabilitation Hospital	Edmonton
Ends, Susan (Ms.)	Alberta Occupational Health Nurses Association Lethbridge Chapter	Lethbridge
Erickson, R. (Ms.)	Foothills Hospital	Calgary
Everts, Madeline (Ms.)		Canmore
Fahie, Margaret (Ms.)		Calgary
Fehr, Rita (Ms.)		Edmonton
Findley, Elizabeth (Mrs.)		Calgary
Finstad, Laurie (Ms.)		Edmonton
Fode, Gwenith M. (Ms.)		Medicine Hat
Foder, Rosemary (Ms.)		Lethbridge
Foley, M. (Ms.)		Red Deer
Fowler, Mary (Ms.)	Fort Saskatchewan General Hospital	Fort Saskatchewan
Fradley, Howard L. (Mr.)		Didsbury
Frey, Diane W. (Ms.)		Edmonton
Fry, Sharon (Ms.)		Calgary
Fujita, M. (Mrs.)		Coaldale
Fysh, G.	Grant MacEwan Community College (Post-Diploma Nursing Program)	Edmonton
Gabert, Richard N. (Mrs.)		Manning
Gataint, L. Irene (Ms.)	Red Deer College	Red Deer
Gazdarica, Cyril (Mrs.)		Brooks

Name	Affiliation	Location
Geber, Joan (Ms.)		Calgary
Gee, Frank (Mr.)		Seebe
Getzlaf, Beverley (Ms.)		Grande Prairie
Gibeault, Cheryl (Mrs.)		Sherwood Park
Goertzen, Claire (Ms.)		Lacombe
Gordon, D. (Ms.)	Alberta Union of Provincial Employees	Edmonton
Gordon, Ken (Dr.)		Camrose
Gray, Dorothy (Mrs.)		St. Albert
Greenslade, Dalyce (Ms.)	Hanna Health Care Complex	Calgary
Grinham, (Ms.)		Calgary
Grundy, Peter D.		Calgary
Gunson, Katherine E. (Ms.)		Calgary
Hale, Ruby (Ms.)		Calgary
Hanna, S.G. (Ms.)		Calgary
Hanson, Judy (Ms.)	Foothills Hospital (Medical/Surgical Programs)	Calgary
Hanson, Judy (Ms.)	Foothills Hospital (Acute Care Nurses)	Calgary
Harberer, Barb (Ms.)		Leslieville
Hardstaff, Diane (Ms.)		Spruce Grove
Harper, Wendy (Ms.)	Executive Nurses Association of Alberta	Calgary
Harris, Lynn (Ms.)		
Harvey, Sheila (Ms.)	Foothills Hospital	Calgary
Hayes, Frances (Ms.)	Misericordia Hospital	Edmonton
Heiner, S. (Ms.)	Glenrose Rehabilitation Hospital	Edmonton
Helmers, D.H. (Mr.)		Edmonton
Henning, Jerry		Sherwood Park
Henry, A. (Mr.)		Edmonton
Henry, Shirley (Ms.)		Edmonton
Herald, Darlene (Ms.)		Edmonton
Herbert, Pat (Ms.)		Calgary
Herder, Carla (Ms.)		Red Deer
Herriman, W.G. (Mrs.)		Okotoks
Hibberd, Judith (Ms.)	University of Alberta (Faculty of Nursing)	Edmonton
Hibberd, L.E. (Ms.)		Calgary
Hiebert, Jennifer (Ms.)		Calgary
Hildebrand, Agnes (Mrs.)		Red Deer
Hill, Gail (Ms.)		Calgary
Hill, L.B. (Mr.)	Medicine Hat Regional Hospital	Medicine Hat
Hirsche, M. (Ms.)		Calgary
Hogge, Janet (Ms.)		Calgary
Hommy, Laurie		Medicine Hat
Hopkins, Marion		Calgary
Horne, G.L. (Mrs.)		Olds
Horoyski, Sylvia (Ms.)		Calgary
Hrncirik, Joan (Ms.)		Edmonton
Hughes, Judith L. (Ms.)		Calgary
Hughes, Shirley (Mrs.)		Calgary
Hunter, Carole (Ms.)	Alberta Occupational Health Nurses Association	Fort Saskatchewan
Hurtak, Susan (Ms.)		Sylvan Lake
Hutton, Joan	Foothills Hospital	Calgary
Ion, Beth (Ms.)		Red Deer
Irving, Kim A. (Ms.)		Red Deer
Irwin, Joan (Ms.)		Calgary
Irwin, R.W.		Edson
Isaac, Dan (Mr.)		Calgary
James, Kathleen (Ms.)	Foothills Hospital - UNA Local 115	Calgary
Jessen, Marion M. (Ms.)		Calgary
Jessen, Michael C. (Mr.)		Calgary
Job, Becky (Ms.)		Calgary
Johnson, E.G.		Medicine Hat
Johnson, Heather (Ms.)		Calgary
Jones, Edna (Mrs.)		Calgary
Jones, Hugh and Margie		Ponoka
Kastelan, R. (Mrs.)		St. Albert
Keller, Pam (Ms.)	St. Mary's Hospital	Camrose
Kelly, Carolyn J. (Ms.)		Calgary
Kennedy, Aura (Ms.)		Airdrie
Kennedy, Caroll (Ms.)		Edmonton
Kennedy, R.C.		Calgary
Kerr, Gordon M. (Mr.)	Calgary District Hospital Group	Calgary
Kibbler, Claire (Ms.)		Edmonton
King, Trish (Ms.)		Calgary
Klassen, Anne (Ms.)		Lethbridge
Kline, Ronald (Mr.)		Calgary
Klita, H.J. (Ms.)		Lamont

Name	Affiliation	Location
Kobich, P. (Ms.)		Boyle
Krawiec, Marlene (Ms.)		Red Deer
Krim, Carolle (Ms.)	St. Paul General Hospital - UNA Local 24	St. Paul
Kruse, Richard (Mr.)		Edmonton
Kulik, Joanna (Ms.)	Picture Butte Nurses - UNA Local 152	Picture Butte
LaBalle, April (Ms.)		
LaBelle, Glenda (Ms.)		Calgary
Lammur, Cherylyn (Ms.)	UNA Local 92	Edmonton
Langford, Ted and Mavis		St. Albert
LaRose, Sherry (Ms.)		Red Deer
Lawrence, Alice (Ms.)		Provost
Lea, Sharon (Ms.)	Holy Cross Hospital Out Patient Nurses	Calgary
Lee, Debra (Ms.)		Calgary
Leech, Audrey (Ms.)		Calgary
Leedham, Vicki (Ms.)		Thorsby
Lester, Shelley (Mrs.)	Alberta Community Health Nurses Society	Edmonton
Lewis, Kathy (Ms.)	Lethbridge Health Unit	Lethbridge
Liegerot, Pam (Ms.)		Calgary
Lim, Sally (Ms.)		Calgary
Limoges, Cheryll (Ms.)	Sacred Heart Health Centre	McKennen
Logan, Morris (Mr.)		Morinville
Lord, Eleanor (Ms.)		Irricana
Ludwig, Susan (Mrs.)	Misericordia Hospital - Psychiatry	Edmonton
Lynn, Bernice M. (Ms.)		Cochrane
MacCabe, Karen (Ms.)		Red Deer
MacKay, Dorothy C. (Ms.)		Calgary
Madill, Edwina (Ms.)		Edmonton
Maffey, Ann K. (Ms.)	Alberta Gerontological Nurses Assoc.	Edmonton
Mah, Darlene (Ms.)		Red Deer
Majer, Betty (Ms.)		
Mandryk, Bonnie (Ms.)		Lamont
Martin, Debra (Ms.)	Ponoka General Hospital	Ponoka
Mathes, A.F.		Edmonton
McBride, Hazel (Ms.)		Red Deer
McCan, Diane (Ms.)		Rocky Mountain House
McDonald, C.B. (Ms.)		High Prairie
McDonald, D.R. (Ms.)		High Prairie
McEachern, Judy (Ms.)	Holy Cross Hospital - Inpatient Mental Health	Calgary
McGarvey, Mary (Ms.)		Edmonton
McGrath-Hannaford, Mona (Ms.)		Calgary
McKay, Sheila (Ms.)		Edmonton
McKendrick, Patricia (Ms.)		Calgary
McKenzie, B. (Ms.)		Fort McMurray
McKinnon, Russ (Mr.)		Fort McMurray
Mehesky, Z.		Calgary
Metheral, Roberta (Ms.)	AARNA	Edmonton
Middlekoop, Bill (Mr.)		Picardville
Miellane, Kathleen (Ms.)		Calgary
Miller, Debra K. (Ms.)		Lethbridge
Milne, Marilyn (Ms.)		St. Albert
Mokoski, Vera M. (Ms.)	UNA Local 120	Lethbridge
Moon, Roberta (Ms.)		
Moppett, Lorraine (Ms.)		Calgary
Morrison, Connie (Ms.)		Red Deer
Motil, Aline (Ms.)		
Murphy, Ed (Mr.)		Cowley
Murphy, Sean (Mr.)		Calgary
Murray, Sandy J. (Dr.)	Alberta Medical Association - South Central District	Edmonton
Muscott, Clara (Ms.)		Whitecourt
Neal, Helen and Tessman, Linda		Calgary
Neely, Joan (Ms.)		Calgary
Nemut, Valerie (Ms.)		Lethbridge
Nerbas-Coleman, Marcia (Ms.)	Psychiatric Nurses Association - Calgary District	Calgary
Nicholas, Doug (Mr.)		Camrose
Nimchuk, Marjorie (Ms.)		Redwater
Nutting, Linda (Ms.)		Edmonton
Nydokus, Marilyn (Ms.)	UNA Local 151	Mannville
O'Neill, Kathy (Ms.)		Edmonton
Oakes, Minnie J. (Mrs.)		Calgary
Olenek, Lynn (Ms.)	St. Mary's Health Care Centre	Trochu
Olsen, Elaine W. (Ms.)	Royal Alexandra Hospital - Station 32	Edmonton

Name	Affiliation	Location
Olsen, L. (Ms.)		Edmonton
Olson, Brian D. (Mr.)		Calgary
Orr, Dorothy (Ms.)	Operating Room Nurses Association	Brooks
Osler, Jessie (Mrs.)		Edmonton
Pal, Patricia (Ms.)		Calgary
Parker, Susan (Ms.)		Medicine Hat
Patton, Jeanette (Ms.)		Nanton
Paul, Audrey B. (Ms.)		Calgary
Payette, Debra (Ms.)		Red Deer
Pearson, Y. and Prosser, A.		Edmonton
Pelletier, Omer (Mr.)		Edmonton
Perry, M. (Mrs.)		High River
Peters, Ruth (Ms.)		Calgary
Phillips, Marjorie (Ms.)		Edmonton
Platz, K. (Mrs.)		Didsbury
Plowman, Diane E. (Ms.)		Peace River
Pocock, Anita (Ms.)		Calgary
Polkiciccho, Carla (Ms.)	Emergency Nurse Interest Group of Alberta	Edmonton
Potter, Zuby (Ms.)		Priddis
Powell, Eleanor (Ms.)		Innisfail
Pynter, Diane (Ms.)		Lethbridge
Price, H. (Ms.)	Coaldale Nurses Group	Coaldale
Primeau, S. (Ms.)		Falher
Pugh, Ruth (et al)	St. Paul Nursing Administration	St. Paul
Purdy, E.		Rocky Mountain House
Raincock, Patricia (Ms.)		Calgary
Rankin, James A. (Mr.)	University of Calgary Faculty of Nursing	Calgary
Read, Helen E. (Ms.)		Calgary
Rebalkin, Helen (Ms.)		Edmonton
Redmond, Audrey (Ms.)	Southeastern Alberta Health Unit	Medicine Hat
Reimer, Janice M. (Ms.)		Calgary
Rempel, Else E. (Ms.)		Edmonton
Rhodes, Joan (Ms.)		Calgary
Richler, Ben (Mr.)		Edmonton
Rin, Karen (et al)		Edmonton
Roberts, B.		Calgary
Roberts, Denise (Ms.)	UNA Local 113	Elnora
Roberts, Patricia (Ms.)	Memorial University of Newfoundland	St. John's
Robertson, Terry (Ms.)		Calgary
Robinson, Carol J. (Ms.)		Calgary
Rodrang, Jackie (Ms.)	UNA Local 106 Coronation Municipal Hospital	Coronation
Roll, Ralph A. (Mr.)		Harp
Ronaghan, Allen (Mr.)		Viking
Rou, Harriet L. (Ms.)		Westlock
Rudd, Elaine (Ms.)		Edmonton
Runion, Vera M. (Mrs.)		Medicine Hat
Russell, Helen (Ms.)		Red Deer
Rutherford, Gayle (Ms.)	Community Health Nurses Group	Calgary
Salberg, Clayton (Mr.)		Calgary
Sames, Gayle J.C. (Mrs.)		Airdrie
Sandmeyer, O.W. (Mr.)		Bonnyville
Sawnence, Sue (Ms.)		Canmore
Saylor, Beverly (Ms.)	Brooks Health Centre	Brooks
Schaber, Sharron (Ms.)		Calgary
Schafer, Susan C. (Ms.)		Calgary
Schock, Norma J. (Ms.)		Okotoks
Scholdra, Joanne D. (Ms.)	University of Lethbridge School of Nursing	Lethbridge
Scholdra, Joanne D. (Dr.)	University of Lethbridge School of Nursing	Lethbridge
Scott, H.R.		Calgary
Scott, J. (Mrs.)		Calgary
Sears, Cheralea (Ms.)		Canmore
Serink, Rhonda (Ms.)		Edmonton
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Sharp, G. (et al)	Rockyview General Hospital - Unit 82	Calgary
Sharp, Geraldine (Ms.)		Calgary
Shemanchuk, Carol (Ms.)	UNA Local 90 Community-Home Care Nurses	Sherwood Park
Sherring Davidson, M.	Society of Community Health Nursing Supervisors of Alberta	Red Deer
Short, Gwen (Ms.)		Edmonton
Shortreed, Barbara (Ms.)		Calgary

Name	Affiliation	Location
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Skjersven, Dawyne (Mr.)		Red Deer
Skrepnuk, William (Mr.)		Red Deer
Slater, Shirley (Ms.)		St. Albert
Slavenwhite, Carol (Ms.)		Calgary
Smith, Sheila (Ms.)	Royal Alexandra Hospital School of Nursing	Edmonton
Snesrud, Judy (Mrs.)		Wetaskiwin
Soanes, Debora (Ms.)		Medicine Hat
Speers, Allen (Mr.)		White Rock
Spencer, Nora (Ms.)	UNA Local 2	Red Deer
St. Cyr, Margaret (Ms.)		Mynarsky
Stach, Grace (Ms.)		Lamont
Stadnyk, Maria (Ms.)	Royal Alexandra Hospital ICU/Coronary Care	Edmonton
Stalker, Fay (Mrs.)		Edmonton
Stark, Faye (Ms.)		Lethbridge
Stewart, Doreen J. (Ms.)		Calgary
Stewart, Ruth (Ms.)	Nursing Concerns Committee UNA Local 79	Sherwood Park
Stone, Grace (Ms.)		Red Deer
Stone, Sherry (Ms.)		St. Albert
Stonebridge, Carole (Ms.)		Calgary
Stott, Jenifer (Ms.)		Calgary
Striepe, Moira (Ms.), (et al)	Holy Cross Hospital - Obstetrical Suite	Calgary
Stronsmoe, P. (Ms.)		Olds
Sturjess, Kathy (Ms.)		Lethbridge
Surgenor, Ron and Claire		Ponoka
Swan, L. (Ms.), (et al)		Leduc
Tanaka-Collins, Wendy (Ms.), (et al)		St. Albert
Tatlow, G. (Mrs.)		Blackfalds
Tayler, Carolyn M. (Ms.)		Calgary
Taylor, John (Mr.)		Stony Plain
Tensen, Grace (Mrs.)		Edmonton
Thacker, Coreen (Ms.)	Bow Island Health Centre	Bow Island
Thesenvitz, Dryton (Mr.)		Fort McMurray
Thomas, Marilyn (Ms.)		Alliance
Thomas, Shirley (Ms.)		Red Deer
Thomson, L. (Ms.)		Calgary
Thorpe, Cheryl J. (Ms.)		Bowden
Thunberg, H. Pat (Ms.)		Calgary
Tkoch, Wanda (Ms.)	UNA Local 141	Consort
Tomkins, Beulah H. (Ms.)		Rocky Mountain House
Tomlin, Kim (Mrs.)		Calgary
Tope, L.F.V. (Ms.)		Coaldale
Traquair, J. Linda (Ms.)	Alberta Children's Hospital - Child Health Centre	Calgary
Try, Rose (Ms.)		Edmonton
Tymofichuk, Nick (Mr.)		Edmonton
Tywin, Klara (Ms.)		Edmonton
Ulseth, Barbara (Ms.)		Veteran
Valdoogl, L.		Coronation
Van Riper, Judy (Ms.)		Redcliff
Vanhooren, G. (Mr.)	Staff Nurses Association	Edmonton
Vernooy, A.M. (Ms.)	Red Deer Regional Hospital Centre	Red Deer
Waaman, Peter (Mr.)		Lethbridge
Walker, Monica (Ms.)	Alberta Status of Women Action Committee	Rocky Mountain House Edmonton
Wallace, Betty (Ms.)	University of Calgary Faculty of Nursing	Calgary
Warren, Andress (Ms.)	AARN - Special District Group	Medicine Hat
Wasylchuk, D.L. (et al)		Pincher Creek
Weddy, B. (Ms.), (et al)		Brooks
Westmore, H.H. (Mr.)	University of Alberta Hospitals School of Nursing	Edmonton
White, Joan (Ms.)		Calgary
White, K. (Mrs.)		Penhold
Widmer, Ben (Mr.)		Edmonton
Wilkinson, Gloria M. (Ms.)	Medicine Hat and District Hospital	Medicine Hat
Williams, F.C. Ted (Mr.)		Calgary
Williams, Wendy (Mrs.)		Calgary
		Calgary

Name	Affiliation	Location
Willis, Linda (Ms.)		Calgary
Wojcicki, Patricia (Ms.)	Money Dynamics	Calgary
Wolklersheim, Norine (Ms.)		Calgary
Wood, Colleen (Ms.)	Parkland Square Support Society	Edmonton
Wood, Marilyn J. (Mr.)	University of Alberta Faculty of Nursing	Edmonton
Wood, Marilyn (Dr.)	Faculty of Nursing	Edmonton
Worken, Robert H. (Mr.)		Rycroft
Worobec, Annette M. (Ms.)		Calgary
Wylie, Margaret (Ms.), (et al)	Foothills Hospital School of Nursing	Calgary
Yee, Jeannine (Ms.)	Foothills Hospital Perinatal Education Programs	Calgary
Young, Joanne (Ms.)		Calgary
Zarif, Carolyn (Ms.)		Calgary
Ziebart, Derilee (Ms.)		Red Deer
Zielasko, M. (Ms.)		Calgary

Written Submissions from Groups:

- Alberta Council on Aging, Edmonton
- Alberta Federation of Labour, Edmonton
- Alberta Health and Social Services Disciplines Committee
- Alberta Teachers' Association, Edmonton
- Calgary General Hospital - C6 and E6, Calgary
- Canadian College of Health Service Executives (N), Edmonton
- Canadian College of Health Service Executives (S), Calgary
- Claresholm Care Centre, Claresholm
- College of Physicians and Surgeons, Edmonton
- Foothills Hospital School of Nursing, Calgary
- Foothills Hospital (Staff Unit 53), Calgary
- Foothills Hospital (Staff Unit 62), Calgary
- Foothills Hospital (Unit 42), Calgary
- Foothills Hospital (Unit 62), Calgary
- Health Sciences Association of Alberta, Edmonton
- Holy Cross Hospital - UNA Local 121, Calgary
- Institute of Law Research and Reform, Edmonton
- Nurses of St. Theresa Hospital, St. Paul
- Oilfield General Hospital Local 65, Black Diamond
- Royal Alexandra Hospital - Station 63, Edmonton
- Staff Nurses Association, Edmonton
- UNA, Edmonton
- UNA Local 20, Oyen
- UNA Local 28, Drayton Valley
- UNA Local 59, Innisfail
- UNA Local 69, Provost
- UNA Local 86, Bonnyville
- UNA Local 95, Calgary
- UNA Local 96, Fort McMurray
- UNA Local 102, Blairmore
- UNA Local 115, Calgary
- UNA Local 150, Edmonton
- Wetaskiwin Medical Ward, Wetaskiwin

Province-wide groups who met with the Commission:

- Staff Nurses Association
- Alberta Federation of Labour
- Alberta Long Term Care Association
- College of Physicians and Surgeons
- Alberta Association of Registered Nurses
- Professional Council of Registered Nursing Assistants
- Canadian College of Health Service Executives
- Health Sciences Association of Alberta
- United Nurses of Alberta
- Alberta Association of Registered Nursing Assistants
- Alberta Medical Association
- Alberta Hospital Association
- Executive Nurses of Alberta
- Psychiatric Nurses of Alberta

Eight anonymous responses from individuals were also received.

APPENDIX V

LIST OF STUDIES AND REPORTS ON NURSING MANPOWER AND EDUCATION IN ALBERTA SINCE 1977

1977

Government of Alberta. *Position Paper on Nursing Education: Principles and Issues*, Edmonton, November, 1979.

1980

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1982

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1983

Alberta Advanced Education. *The Final Report of the Nursing Manpower and Education Implementation Committee*, Edmonton, March, 1983.

Alberta Association of Registered Nurses. *Patient Classification for Nurse Staffing: Criteria for Selection and Implementation*, Edmonton, 1983.

1984

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Alberta Association of Registered Nurses and Alberta Hospital Association, *Roles, Responsibilities, and Educational Preparation of Senior Nurse Managers*, Edmonton, 1984.

Alberta Association of Registered Nurses and Alberta Hospital Association, *Roles, Responsibilities, and Educational Preparation of Middle Nurse Managers*, Edmonton, 1984.

1985

Alberta Association of Registered Nurses and Alberta Hospital Association, *Position Paper on Quality of Working Life*, Edmonton, 1985.

Alberta Medical Association, *Nursing in Alberta: A Perspective from the Alberta Medical Association*, Edmonton, October, 1985.

1987

Alberta Hospital Association, Alberta Association of Registered Nurses, College of Physicians and Surgeons of Alberta, and Alberta Medical Association. *Guidelines for Medical-Nursing Responsibilities*, Edmonton, 1987.

APPENDIX VI

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Alberta College of Physicians and Surgeons. "Nurses: Their Role in the Delivery of Health Care in Alberta; A Position Paper to the Premier's Commission on Future Health Care for Albertans". Edmonton: Alberta College of Physicians and Surgeons, 16 March 1988.

Alberta Federation of Labour. "Submissions to the Premier's Commission on Future Health Care for Albertans for an Interim Report on Major Concerns of Nurses". Edmonton: 16 March 1988.

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Alberta Hospital Association. "Brief to the Premier's Commission on Future Health Care: The Role of Nurses in the Delivery of Health Care". Edmonton: March 1988.

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Delamothe, Tony. "Nursing Grievances III: Conditions", *British Medical Journal* (16 January 1988), 182-185.

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Delamothe, Tony. "Nursing Grievances VI: Other Places Other Solutions", *British Medical Journal* 296 (6 February 1988).

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